

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Theophilus Lee Anderson

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death 1907	Month 10	Day 26	Years 10 Months 10 Days 26
Sex Colored M.	Color or Race color	Birth-place Stockton	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Married Husband	Lilla Anderson	
Father's Name	John Anderson		
Mother's Maiden Name	Lilla Derrickson		
Name of person giving Information	G. L. Anderson		

CAUSES OF DEATH

105

Primary	Cholera infantum	How long	8 days
Immediate	Exhaustion	How long	2 "

Are the name, age, sex, color, date and place correctly given above?

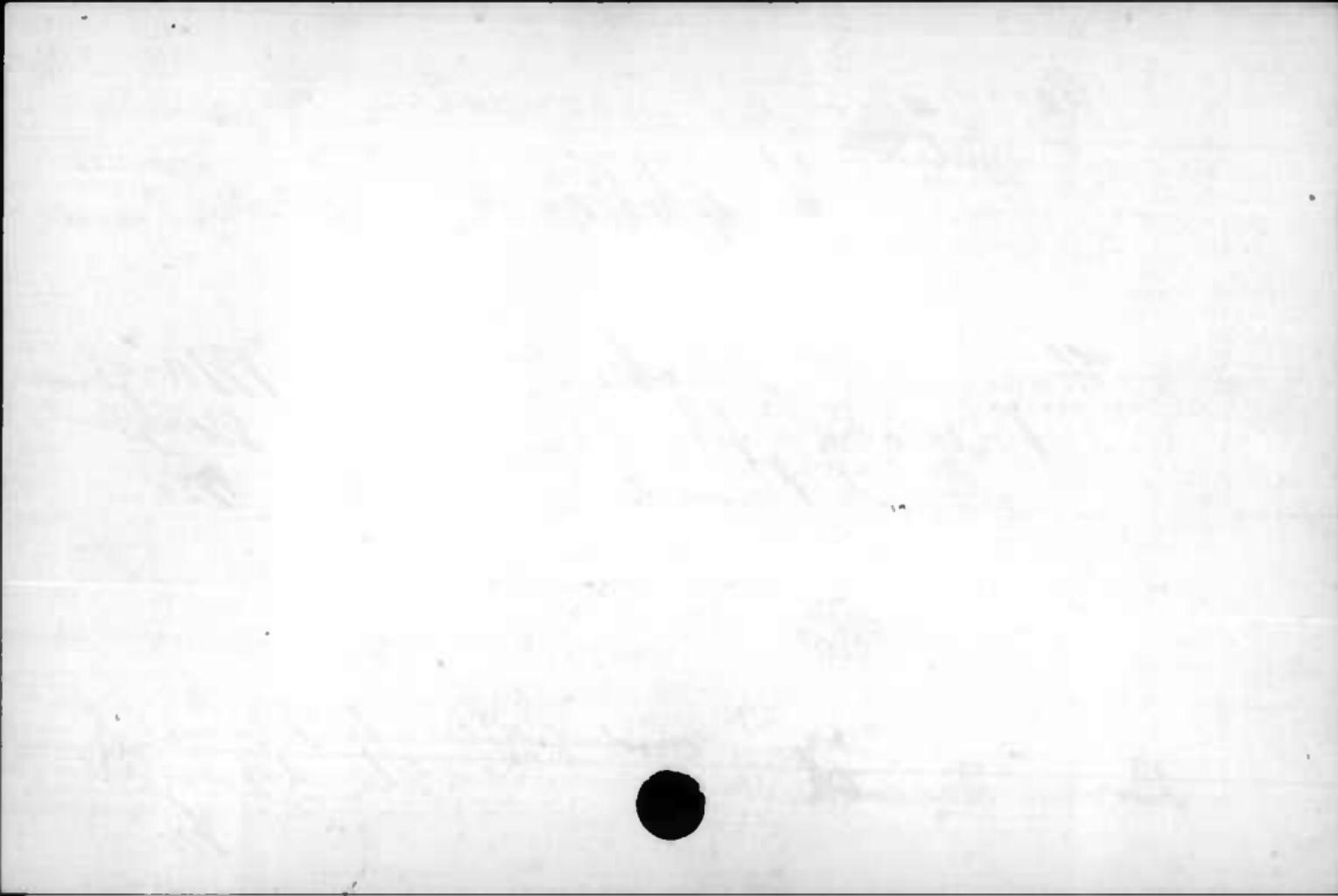
yes

Signature of Physician

Address

J. D. Dickson - M.D.
Stockton
Worcester Co.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	Beckett		County	MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
1907	July	11	0	0	0	0
Sex	Color or Race	Blackerd				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Thomas F Beckett					Father's Birthplace
Mother's Maiden Name	Blanche Melly					Mother's Birthplace
Name of person giving information	Sarah Prindle					How related to deceased

CAUSES OF DEATH

Primary

(S)

How long

—

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

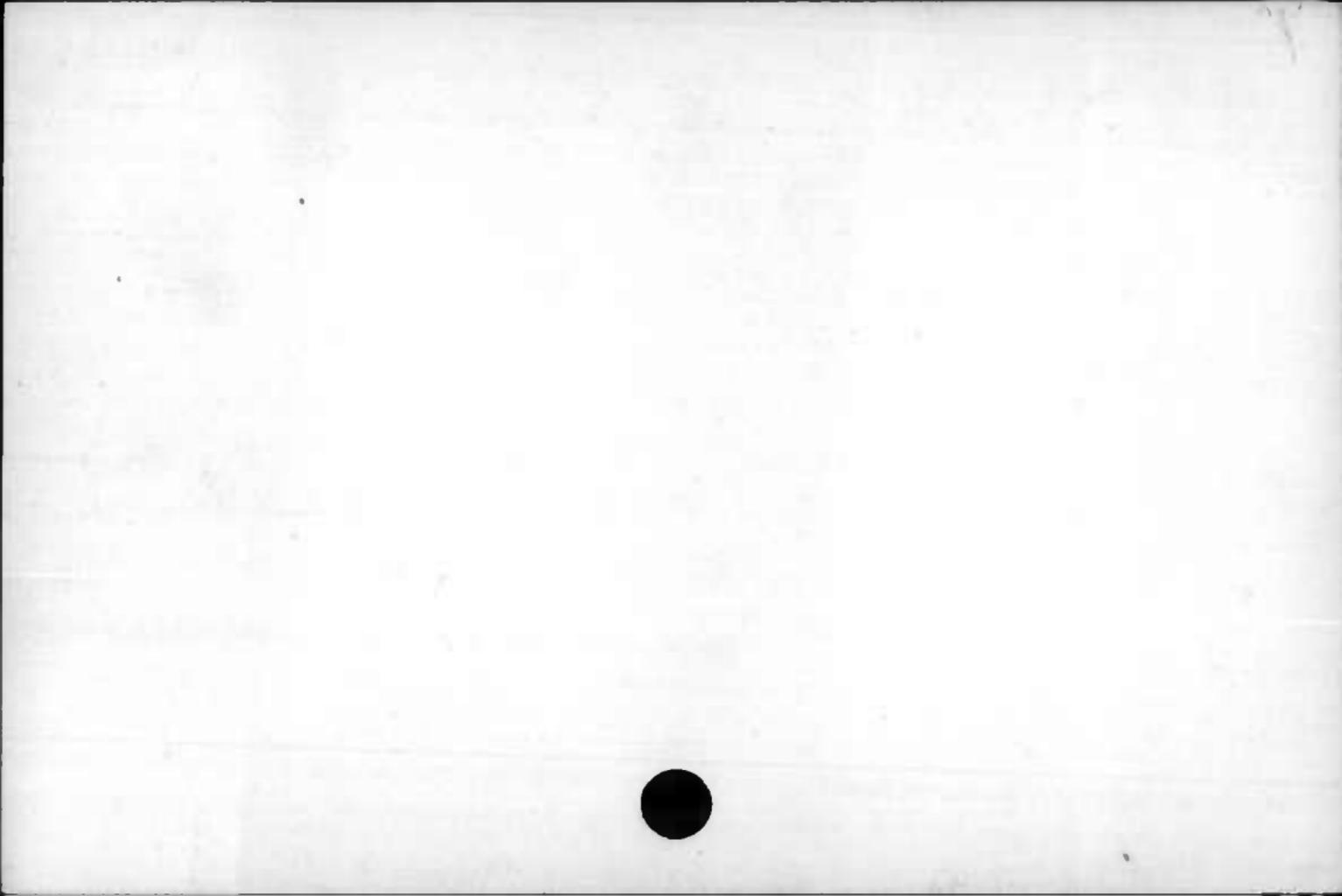
Born Death

Signature of

Address

Sarah Prindle
Sly George
etc

Accident or Suicide?



Name
in
Full

Liza Burbage

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

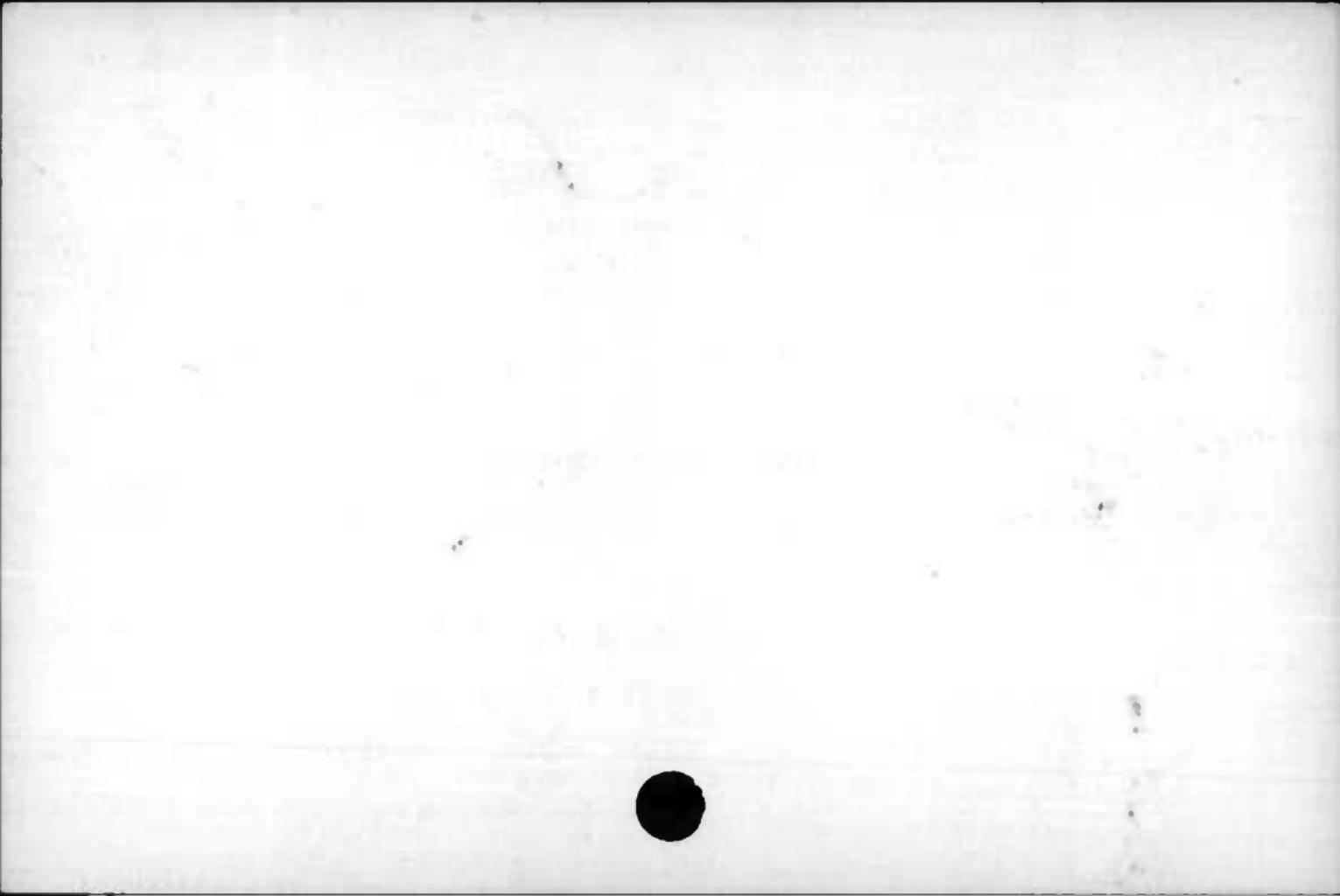
Died at	Town	County	MARYLAND		
Date of death 1907	Month July	Day 25	Years 100	Months --	Days --
Sex Female	Color or Race white	Birth-place Maryland			
Occupation	Where Residing if not at place of death Washington				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace Md				
Mother's Maiden Name "	Mother's Birthplace Md				
Name of person giving Information	How related to deceased Son				

CAUSES OF DEATH

Primary	General Debility	154	How long	Several years
Immediate	Old age		How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	No doctor	
		Address	O.E. & A. Masssey	
Accident or Suicide?				

PHYSICIAN
OR CORONER





Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1907 July	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	Birth-place		
Occupation	-	Where Residing if not at place of death				
Married, Single or Widowed	-	Name of Wife or Husband				
Father's Name	Balvin Brown	S		Father's Birthplace	Va	
Mother's Maiden Name	Lizzie Fields			Mother's Birthplace	Va	
Name of person giving information	Balvin Brown			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still Born

(S)

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

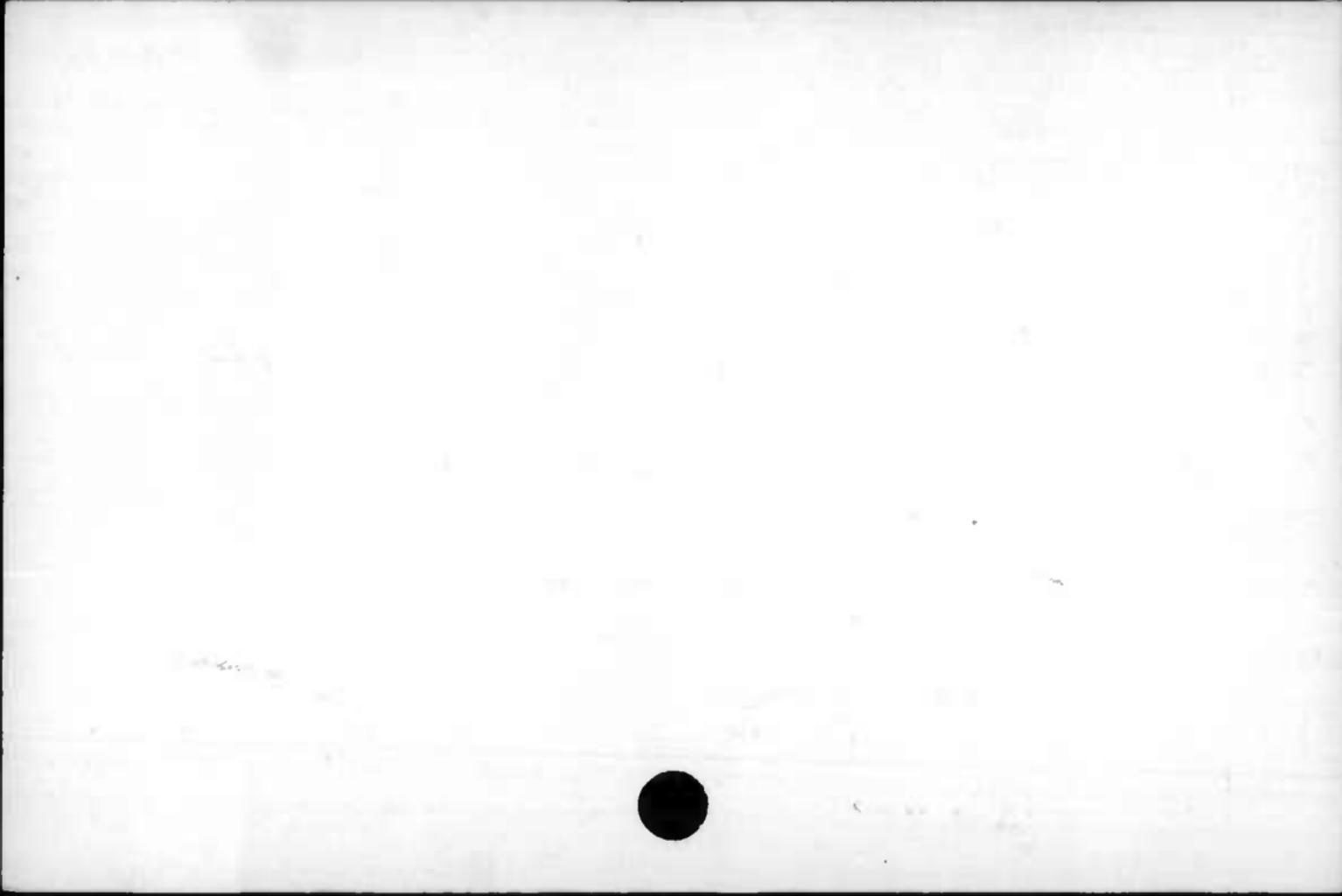
Address

J.D. Diekemper

High Street

Westerly 60

Accident or Suicide?



Name
in
Full

Jane E Barry

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

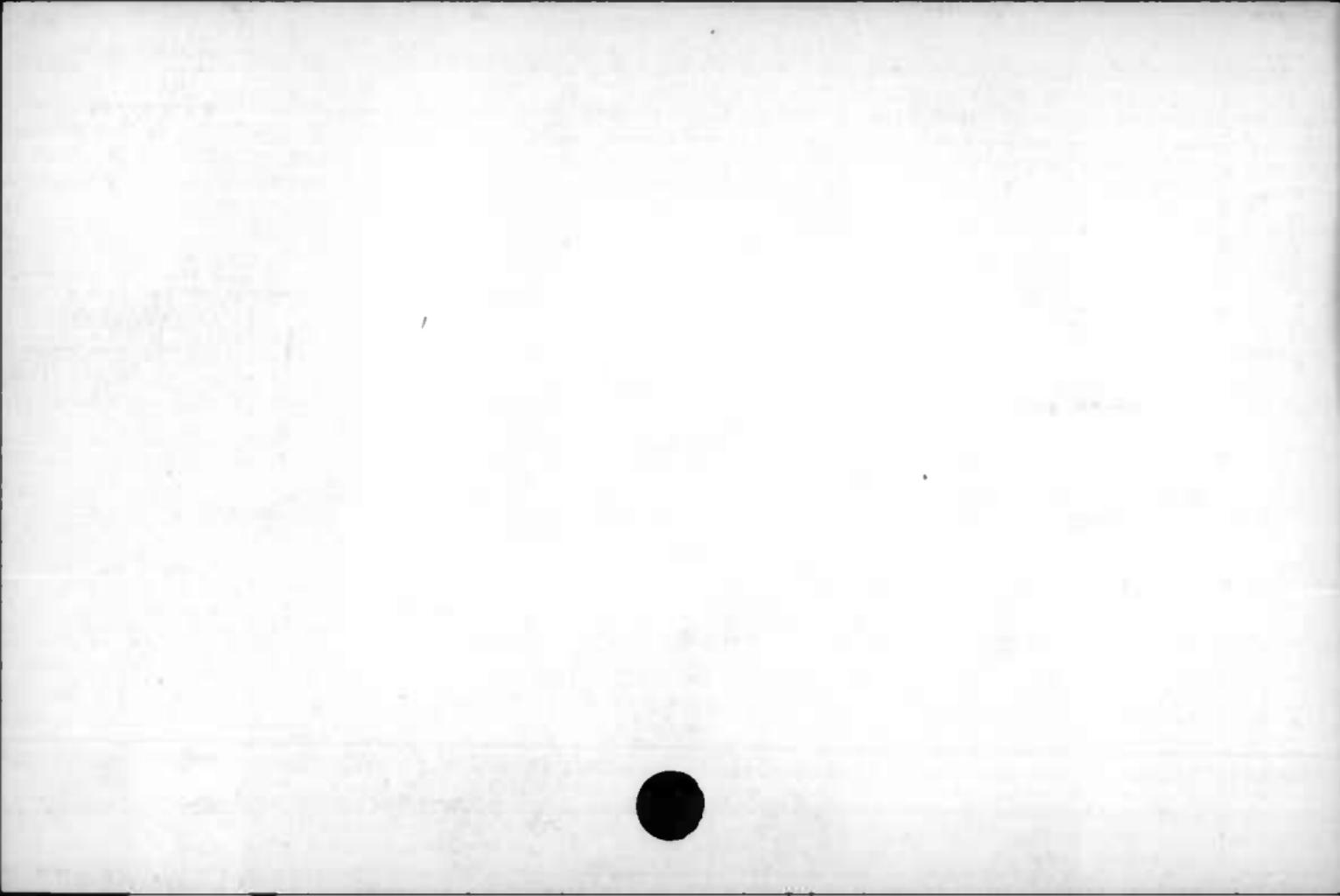
Died at	Town	County	MARYLAND		
Date of death 1907	Month July	Day 6	Years —	Months 3	Days —
Sex Female	Color or Race white	Birth-place Maryland			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Mo E Barry		Father's Birthplace	Maryland	
Mother's Maiden Name	Lilly Nickles		Mother's Birthplace	Maryland	
Name of person giving Information	M E Barry		How related to deceased		

CAUSES OF DEATH

(8)

PHYSICIAN
OR CORONER

Primary	Whooping Cough	
Immediate	Measles	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide?	Abdwickson Berlin Md	



Name
in
Full

Mrs. S. J. Dawson

CERTIFICATE OF DEATH

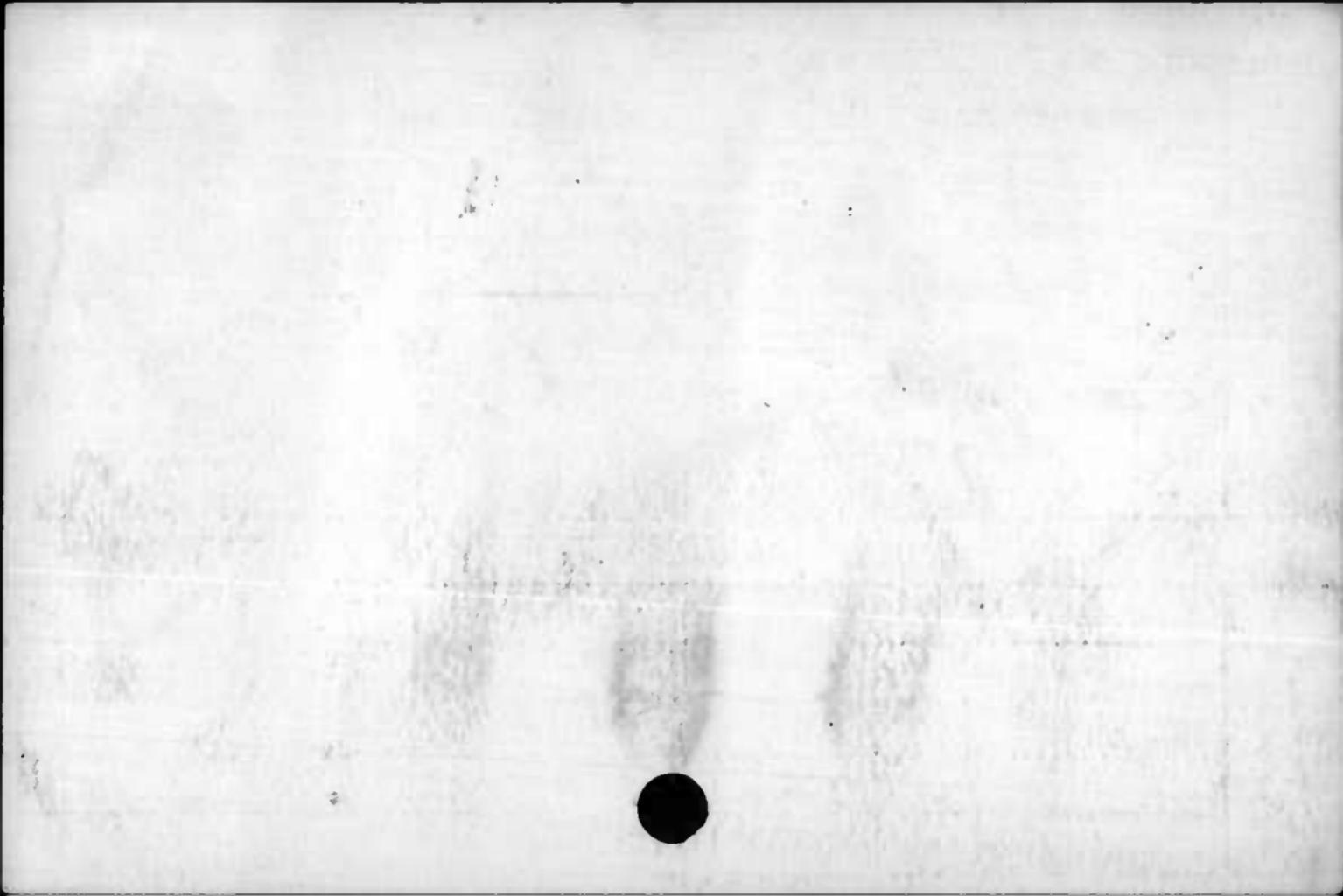
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month July	Day 20	Years 69	Months	Days 12
Sex	Male	Color or Race	white	Birth-Place	Md	
Occupation	Carpenter					Where Residing if not at place of death
Married, Single or Widowed	Name of Wife or Husband		Ellie R. Dawson			
Father's Name	S. J. Dawson		Father's Birthplace			
Mother's Maiden Name	Elizabeth Eric Longsd		Mother's Birthplace			
Name of person giving information	W. S. Dawson		How related to deceased			

CAUSES OF DEATH

130

PHYSICIAN OR CORONER	Primary	Uraemia	How long	2 wks.
	Immediate	" Conv.	How long	3 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. D. Straight	
		Address	Snow Hill, Md	
Accident or Suicide?		Neither		



Name
in
Full

See Dix

CERTIFICATE OF DEATH

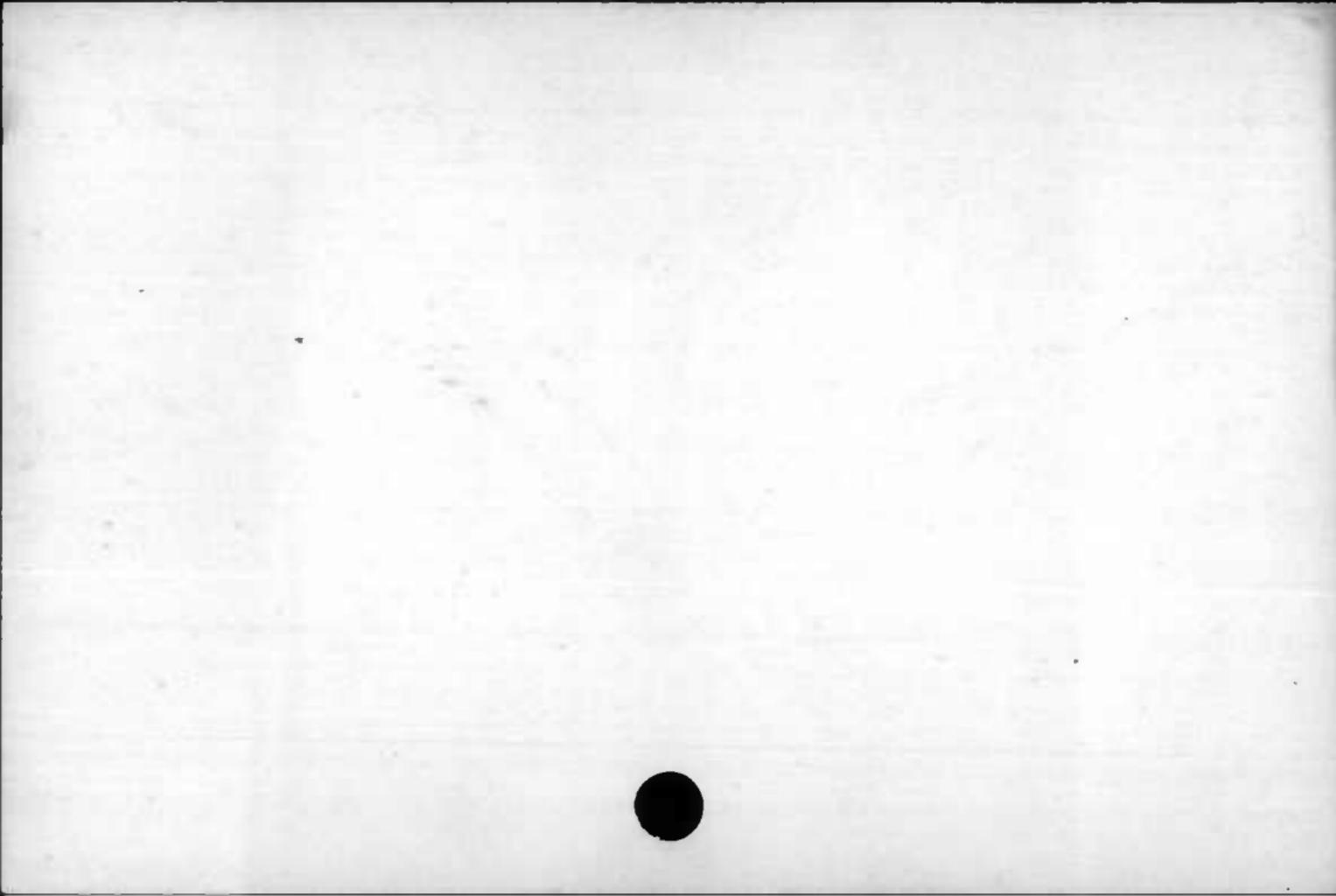
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	County			MARYLAND	
Died at Poosomwice	Month July	Day 14	Years 6	Months	Days
Date of death 1907	Color	Race	Where Residing if not at place of death		
Sex male	Poosomwice			Birth-place Poosomwice	
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name George Dix			Father's Birthplace Poosomwice		
Mother's Maiden Name Mary Edelitte			Mother's Birthplace Poosomwice		
Name of person giving Information	Sonra Mewig		How related to deceased None		

CAUSES OF DEATH

Primary Typhoid fever	(1)	How long Six weeks
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
yes	Address	
Accident or Suicide?	F.W.P. Lewis Poosomwice city Md.	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John H. Ewell					CERTIFICATE OF DEATH			
Died at Gudlfrey		TOWN			County Worcester		MARYLAND	
Date of death	1907	Month 7	Day 6	Years 1.3. *	Months 3	Days 4		
Sex Male	Color or Race Black		Age 1.3. *		Birth-place Ind.			
Occupation	Where Residing if not at place of death							
Married, Single or Widowed	Name of Wife or Husband							
Father's Name	Peter Ewell		Father's Birthplace Ind.					
Mother's Maiden Name	Ayna Ewell		Mother's Birthplace Ind.					
Name of person giving information	How related to deceased							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Allo Colitis

105

About 10 days

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

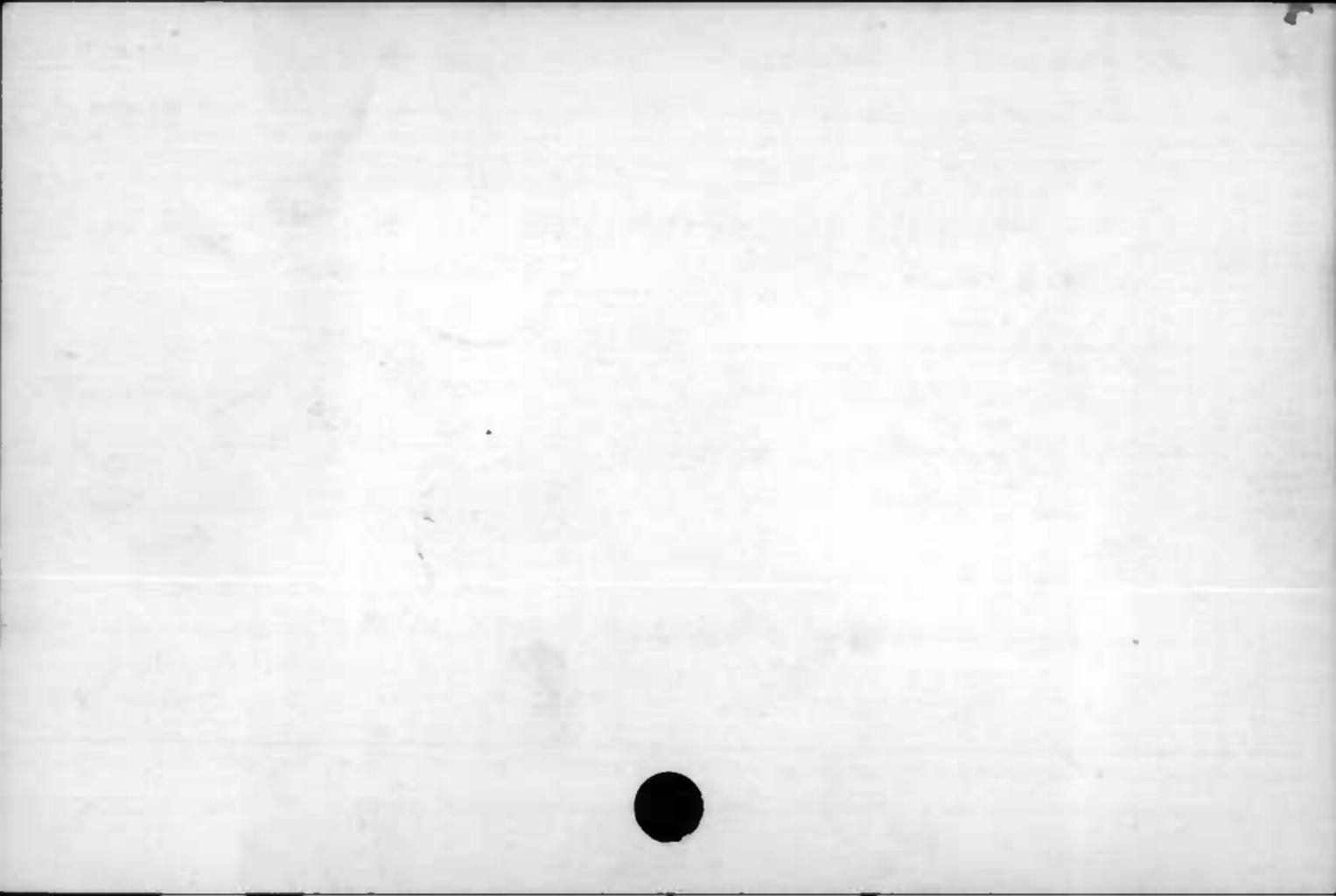
Signature of Physician

Address

C. H. Bemundt

Ind.

Accident or Suicide?



Name
in
Full

Linlithgow Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Whaleyville Md		Town		County		MARYLAND		
Date of death	1907	Month	July	Day	20	Years	31	Months
Sex	Male	Color or Race	White	Birth-place	Maryland			
Occupation	Farmer		Where Residing if not at place of death			Maryland		
Married, Single or Widowed	Married	Name of Wife or Husband	Unknown		Maryland			
Father's Name	Joseph Brooks		Unknown		Father's Birthplace	Maryland		
Mother's Maiden Name	Unknown		Bethel	Illes	Mother's Birthplace	Maryland		
Name of person giving information	Dale Lyndace		Unknown		How related to deceased	Daughter		
CAUSES OF DEATH								
Primary	Heart Failure				How long			
Immediate					How long	One day		

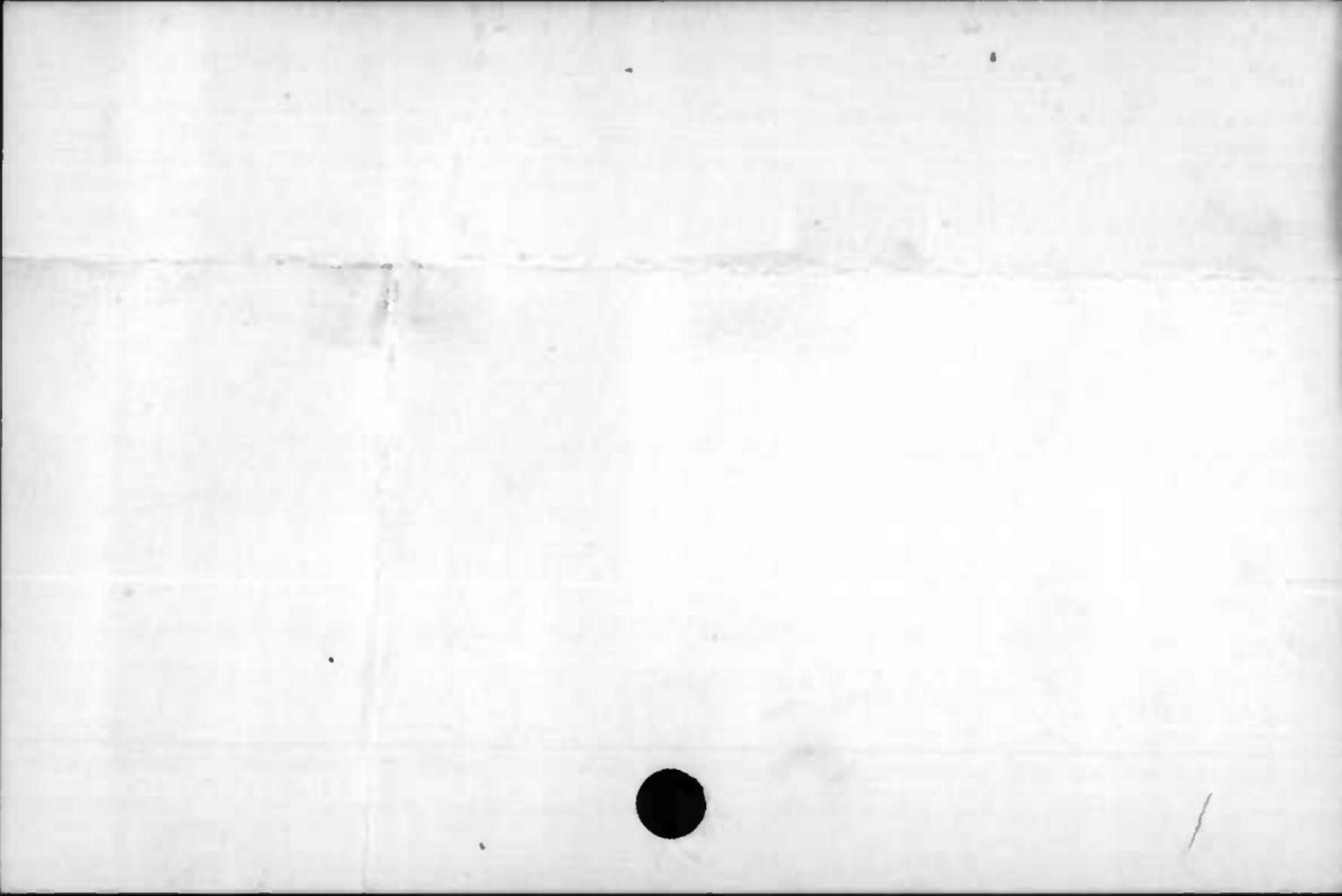
PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Marguerite Gardner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Marguerite Gardner			
Father's Name	Henry Gaines		Father's Birthplace	Md.	
Mother's Maiden Name	Mary Donikin		Mother's Birthplace	Md	
Name of person giving information	Marguerite Gardner		How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Asthma

(97)

How long

2 yrs

Immediate

Exhalation

How long

3 weeks

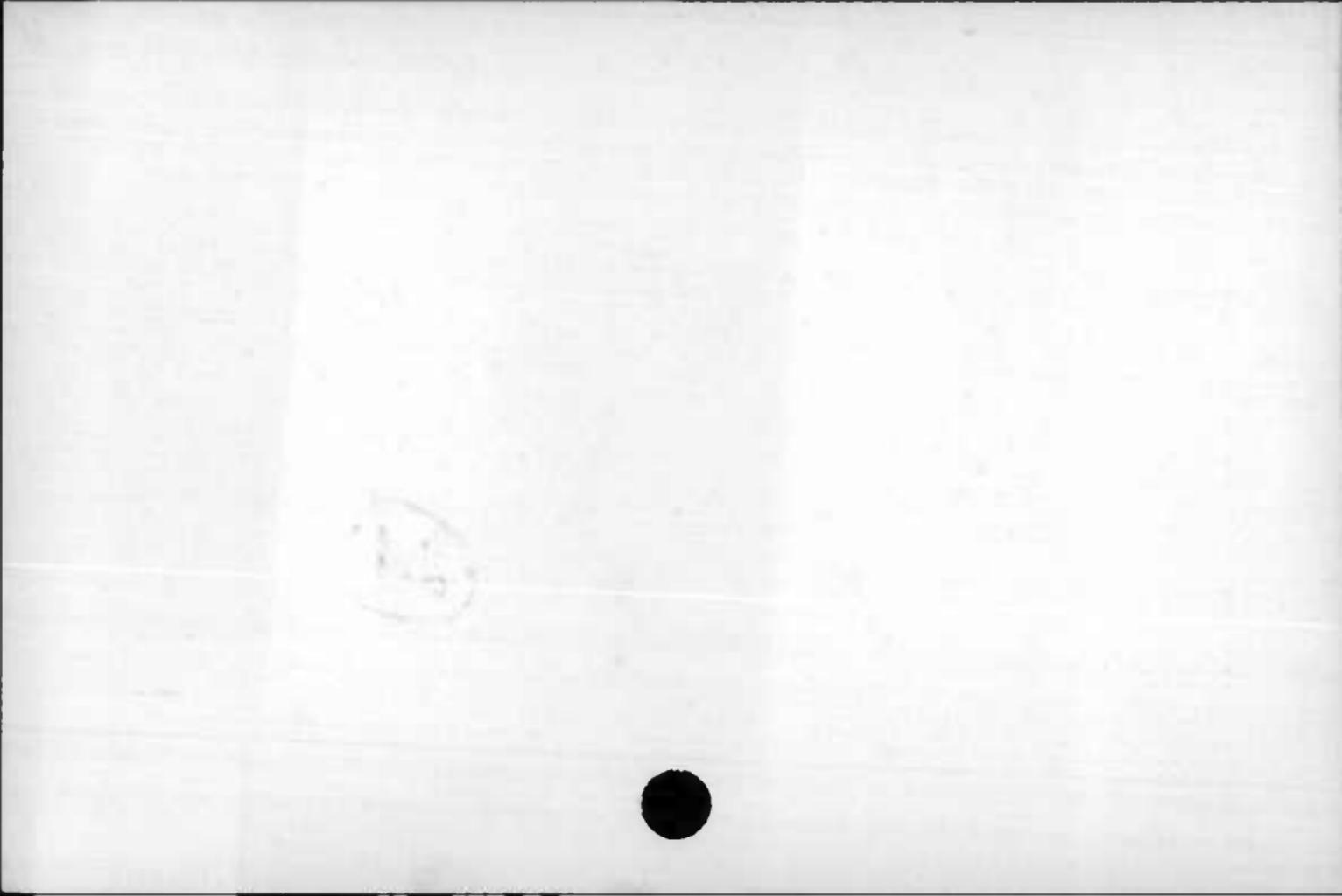
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J. H. Wilkes

Address

Accident or Suicide?



Name
In
Full

Harriet Spotte

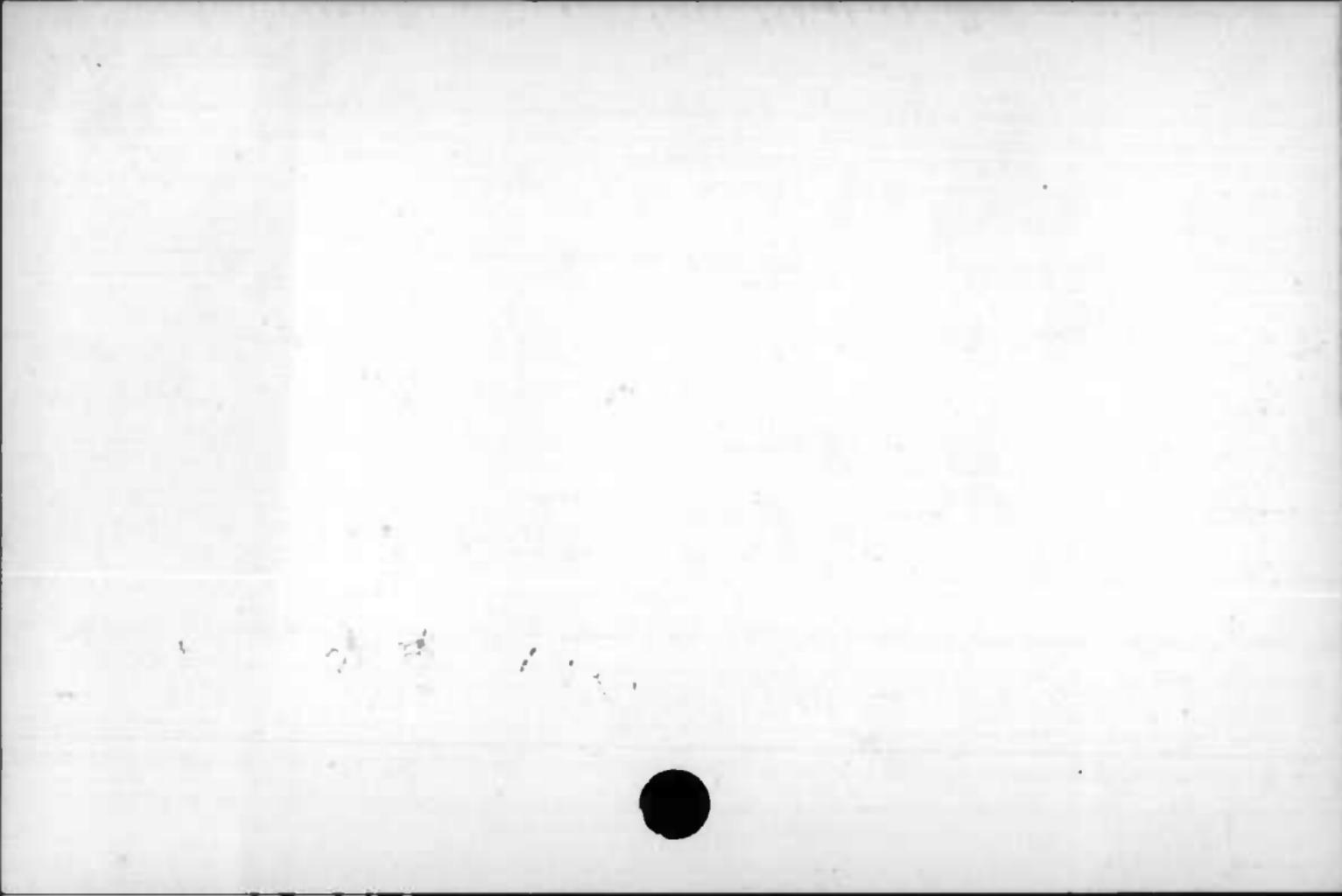
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	79	
Occupation	Domestic		Where Residing if not at place of death	Pacowmoke city	
Married, Single or Widowed	A widow	Name of Wife or Husband	Tom Spotte		
Father's Name	Miley Watson		Father's Birthplace	Monrovia	
Mother's Maiden Name	don't know		Mother's Birthplace	..	
Name of person giving information	Wm J Druson		How related to deceased	Son in Law	
CAUSES OF DEATH					
Primary	Lung trouble		(21)	How long	
Immediate	Exhaustion			How long	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yrs			Address		

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
Yrs	Address		
Sam'l Sauer- Pacowmoke city Md			
Accident or Suicide?			



Name
in
Full

Ligh Govin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Snow Hill	Town	Worcester	County	MARYLAND							
Date of death	1907	Month	July	Day	15	Years	65	Months	Unknown	Days	Unknown	
Sex	Female	Color or Race	Negro	Birth-place	Snow Hill, Md.							
Occupation	Houswife	Where Residing if not at place of death										
Married, Single or Widowed	Married	Name of Wife or Husband	William Govin									
Father's Name	George Tingle	Father's Birthplace	Snow Hill, Md.									
Mother's Maiden Name	Mary Hammard	Mother's Birthplace	Unknown									
Name of person giving Information	William Govin	How related to deceased	Husband									

CAUSES OF DEATH

64

Primary Cerebral Hemorrhage

How long

36 hours

How long

Immediate "

"

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

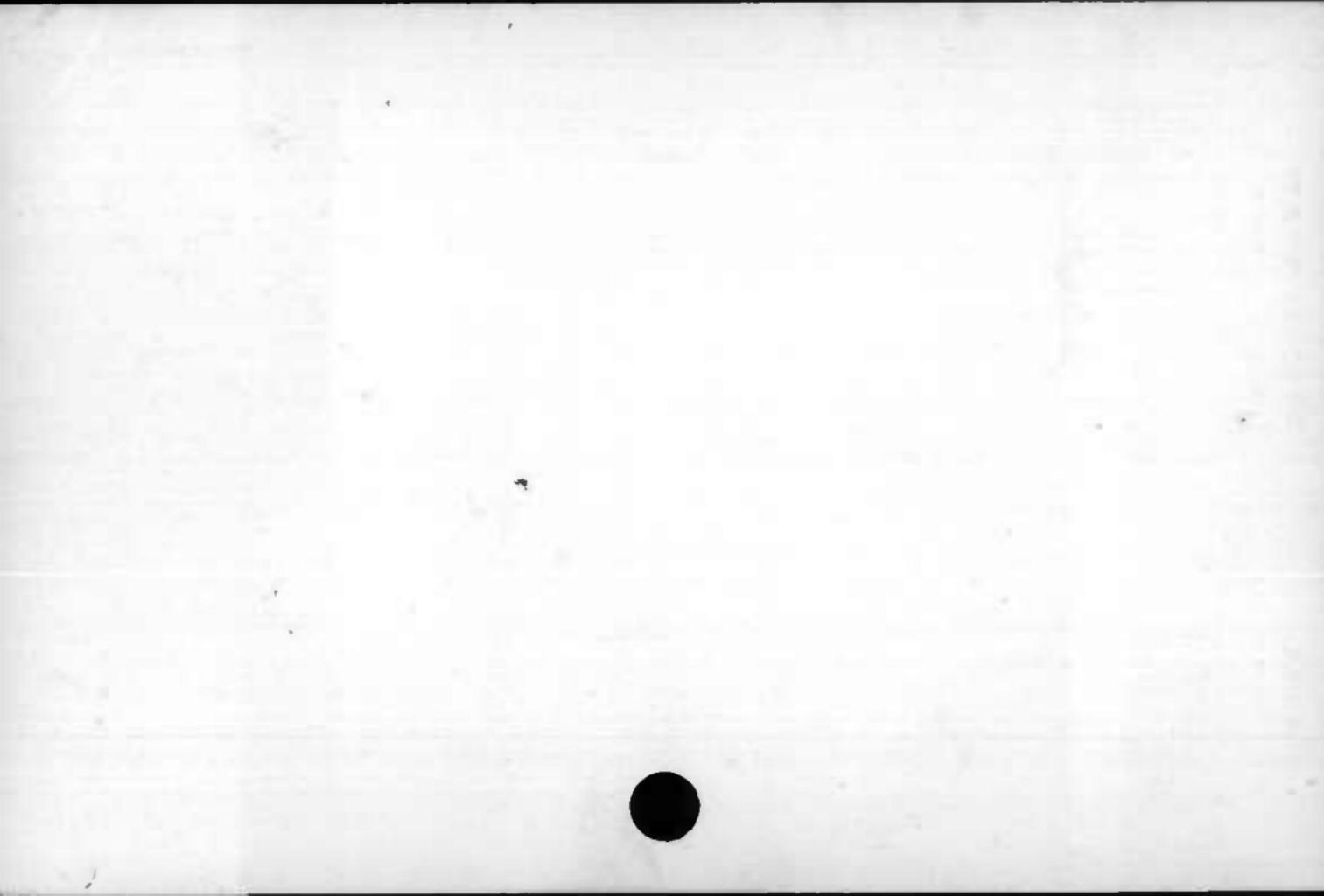
John L. Riley

Address

Snow Hill
Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
In
Full

Emma L Hammond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	✓ Eud			
Mother's Maiden Name	✓ Eud			
Name of person giving information	How related to deceased			
Julia Fassett				

PHYSICIAN
OR CORONER

Primary

Drankher

105

How long

2 weekz

Immediate

Meningitis

How long

4 hours

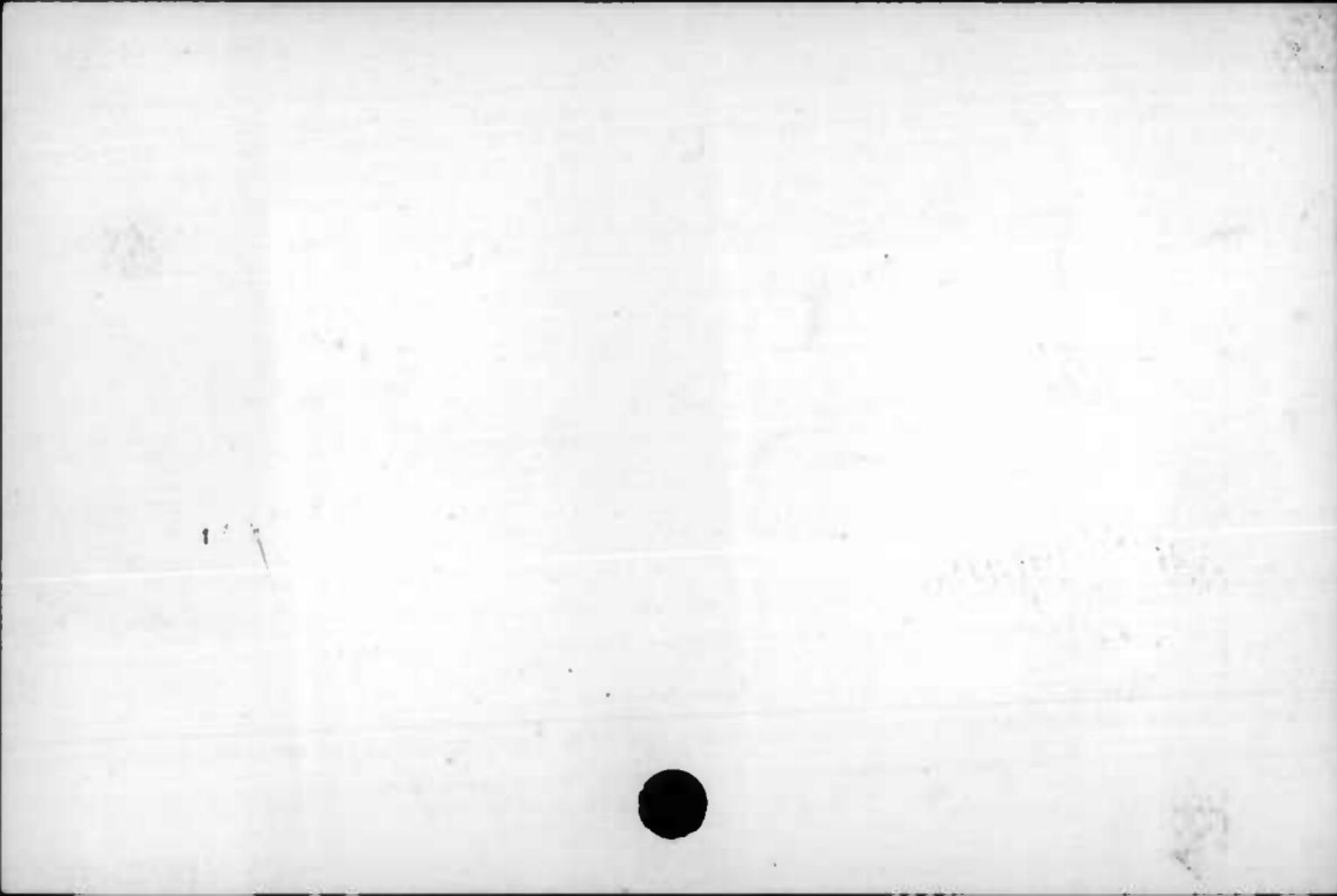
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident Suicide?

Ebe Holland,
Berkeley Dr



Name
in
Full

Carl A Holden

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	7		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Ray Holden				
Mother's Maiden Name	Olea Jones				
Name of person giving information					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Masasmus

179

How long

sometimes

Immediate

exhaustion

How long

you work

Are the name, age, sex, color, date and place correctly given above?

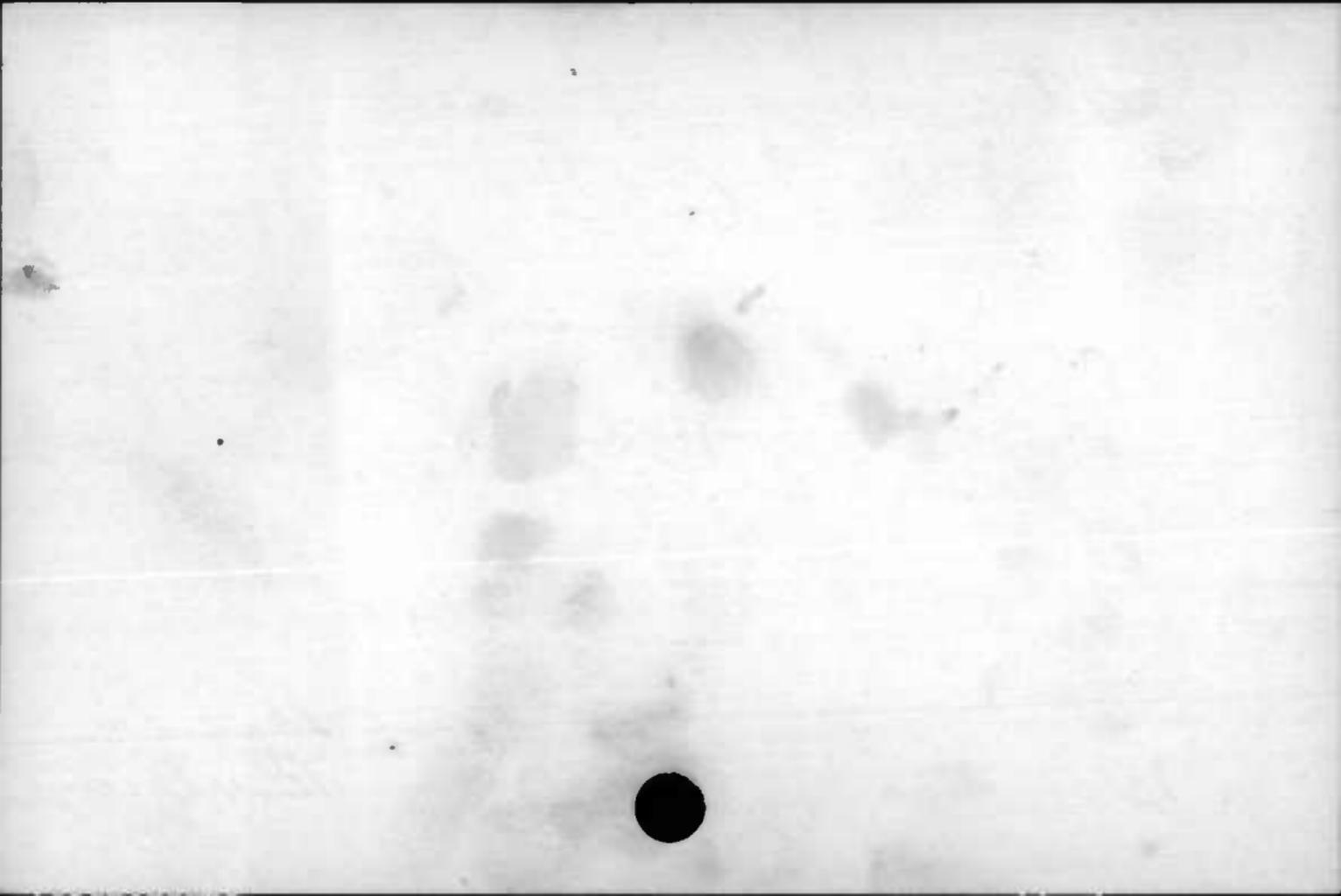
Yes

Signature of Physician

Address

Saul L Green
Pulmonary physician

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death	Month	Day	Years	Age	Months	Days
Died at	Sly George	Worrell				
Date of death	1907	July	2	6		
Sex		Color or Race	Balmer			
Occupation	Where Residing if not place of death					
Married, Single or Widowed	Name of Wife or Husband		Ida J. Jones			
Father's Name	Elleanor Deader		Maryland			
Mother's Maiden Name	Ida J. Jones		Maryland			
Name of person giving information	Sarah Durnal					

CAUSES OF DEATH

S

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

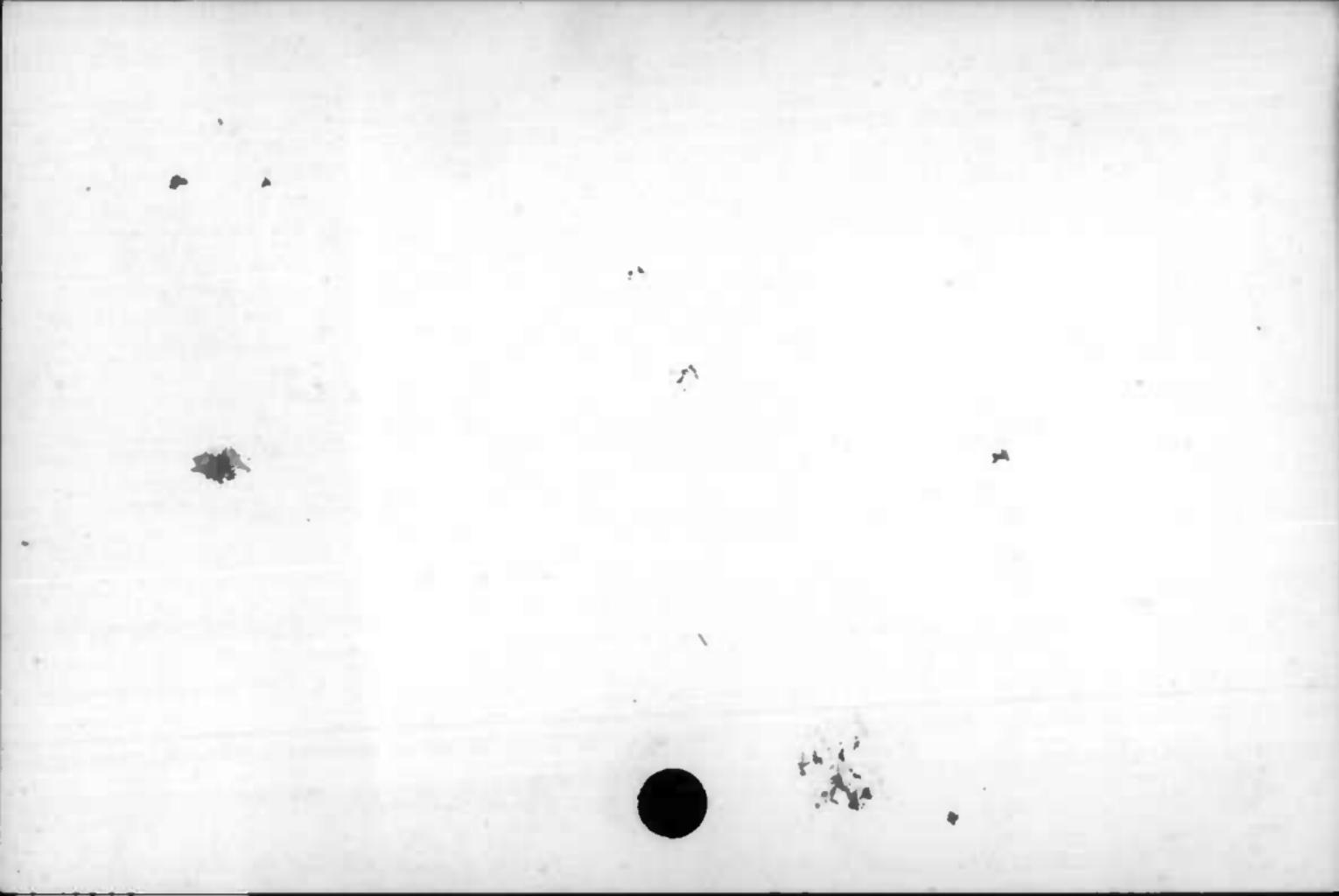
Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician
Address

Born Dead

Sarah Durnal
Sly George
Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Cleona Jones

CERTIFICATE OF DEATH

MARYLAND

Died at Pocomoke Town Worcester County
Date of death 190 Month July Day 25 Age 60 Years
Months 11 Days 0

Sex Female Color Colored
Occupation / Birth-place Providence

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name Don't know.

Father's Birthplace Rochester, N.Y.

Mother's Maiden Name Mary Jones

Mother's Birthplace Westerly, Co.

Name of person giving
Information

Ocie Jones

How related
to deceased

Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Malaria

(4)

How long

five weeks

Immediate

Convulsions

How long

few hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

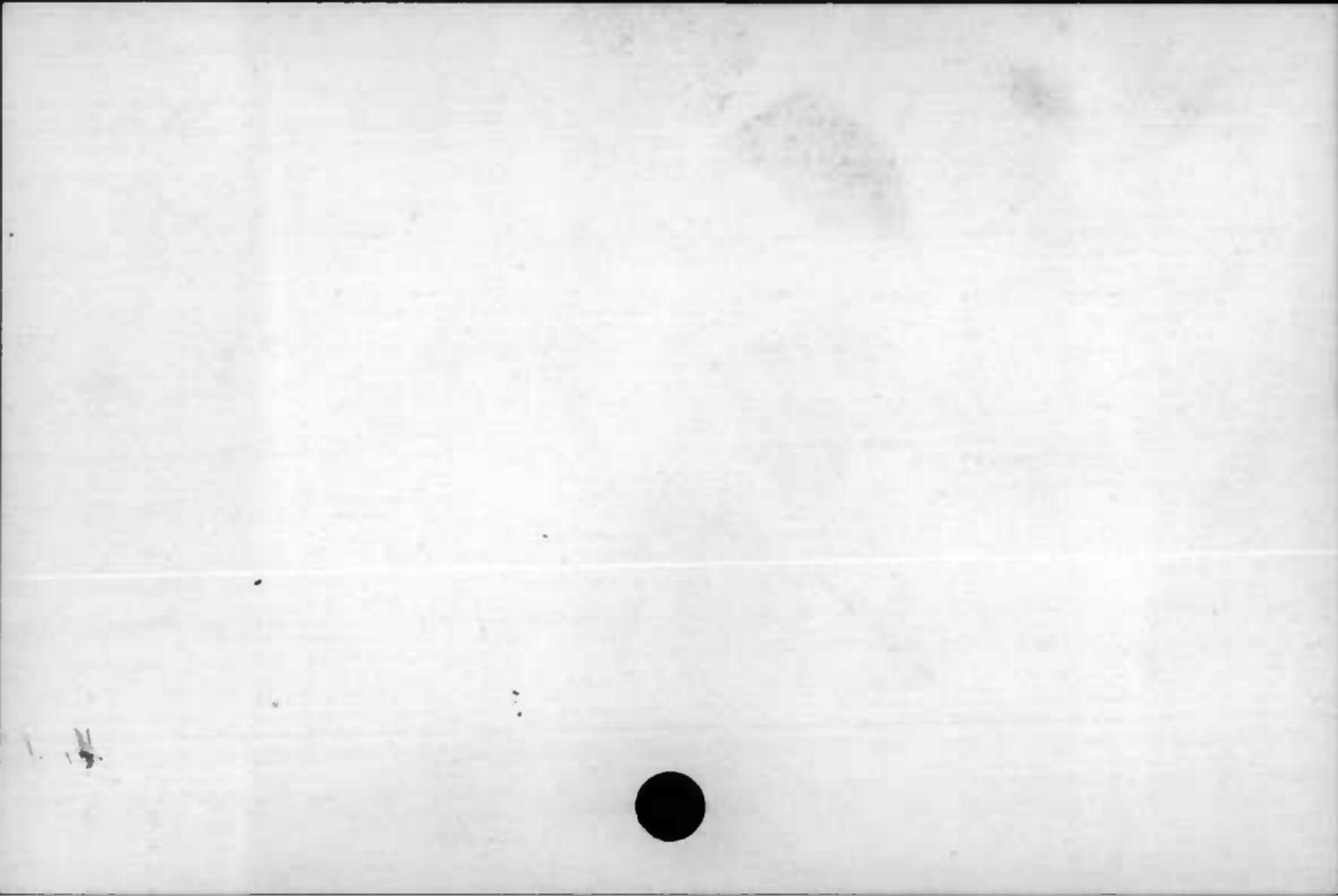
J.W.L. Swain

Address

Pocomoke

Worcester Co., Maryland

Accident or Suicide?



Name
in
Full

Della Pitts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month 10	Day 11	Years	Months	Days	
Sex	Female	Color or Race	Bk	Birth-place	End		
Occupation		Where Residing if not at place of death					
Married, Single or Widowed	Singly	Name of Wife or Husband					
Father's Name	Hos Pitts					Father's Birthplace	End
Mother's Maiden Name	Rachel Russell					Mother's Birthplace	
Name of person giving Information	Hos Pitts					How related to deceased	Father

CAUSES OF DEATH

105

How long

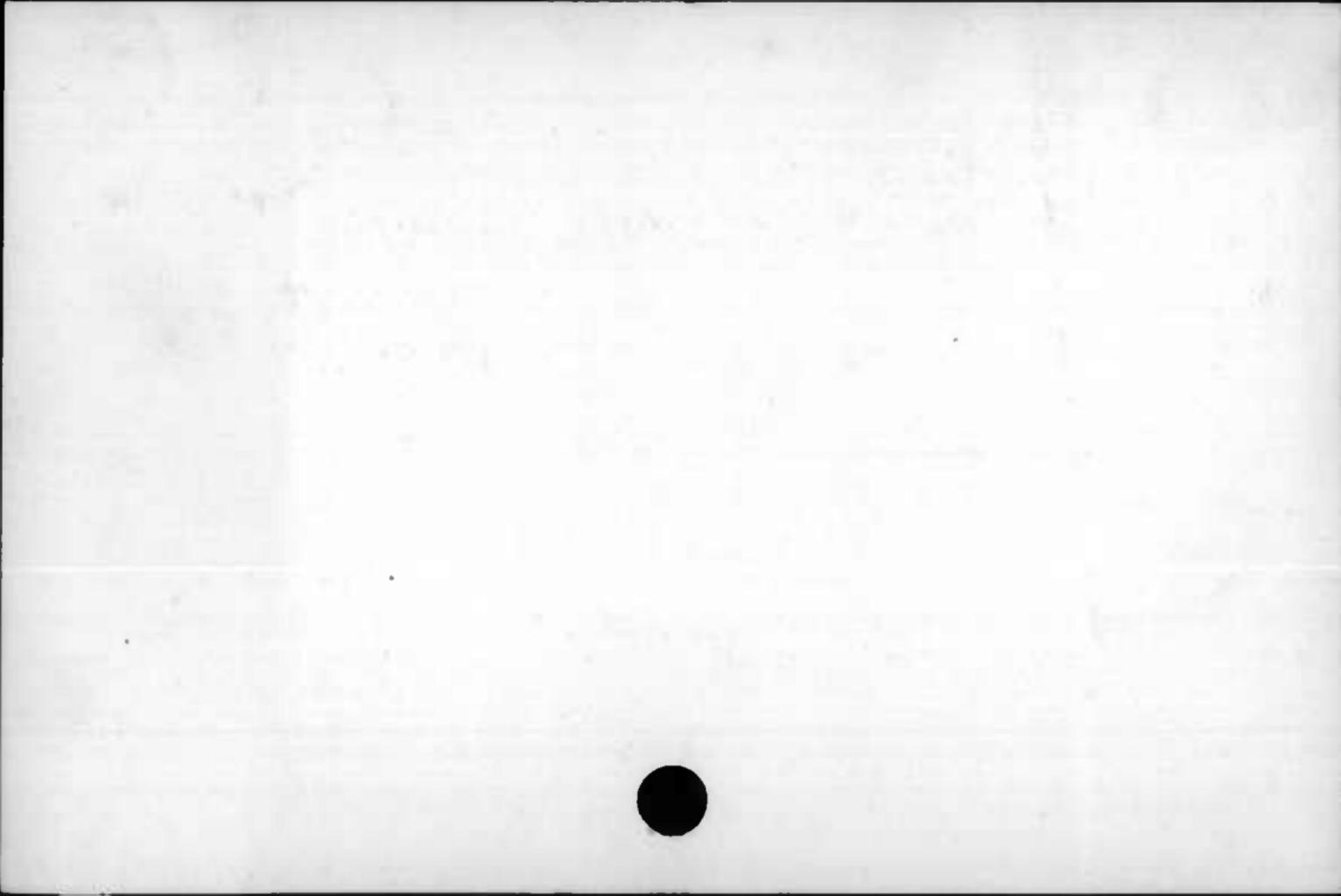
3 weeks

How long

PHYSICIAN
OR CORONER

Primary	Acute digestive diarrhea	
Immediate	Infection	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
Yes	Address	
Accident or Suicide?		

Cudrickson
Berlin
Md



Name
in
Full

Dipant - Pitts

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age		Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Easy Pitts				
Mother's Maiden Name	Emma. Ogers				
Name of person giving information	Easy Pitts				
CAUSES OF DEATH					
Primary	Whooping Cough				
Immediate	Acute Delalation of heart				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
			Address		
Accident or Suicide?					

(8)

How long

3 weeks

How long

2 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

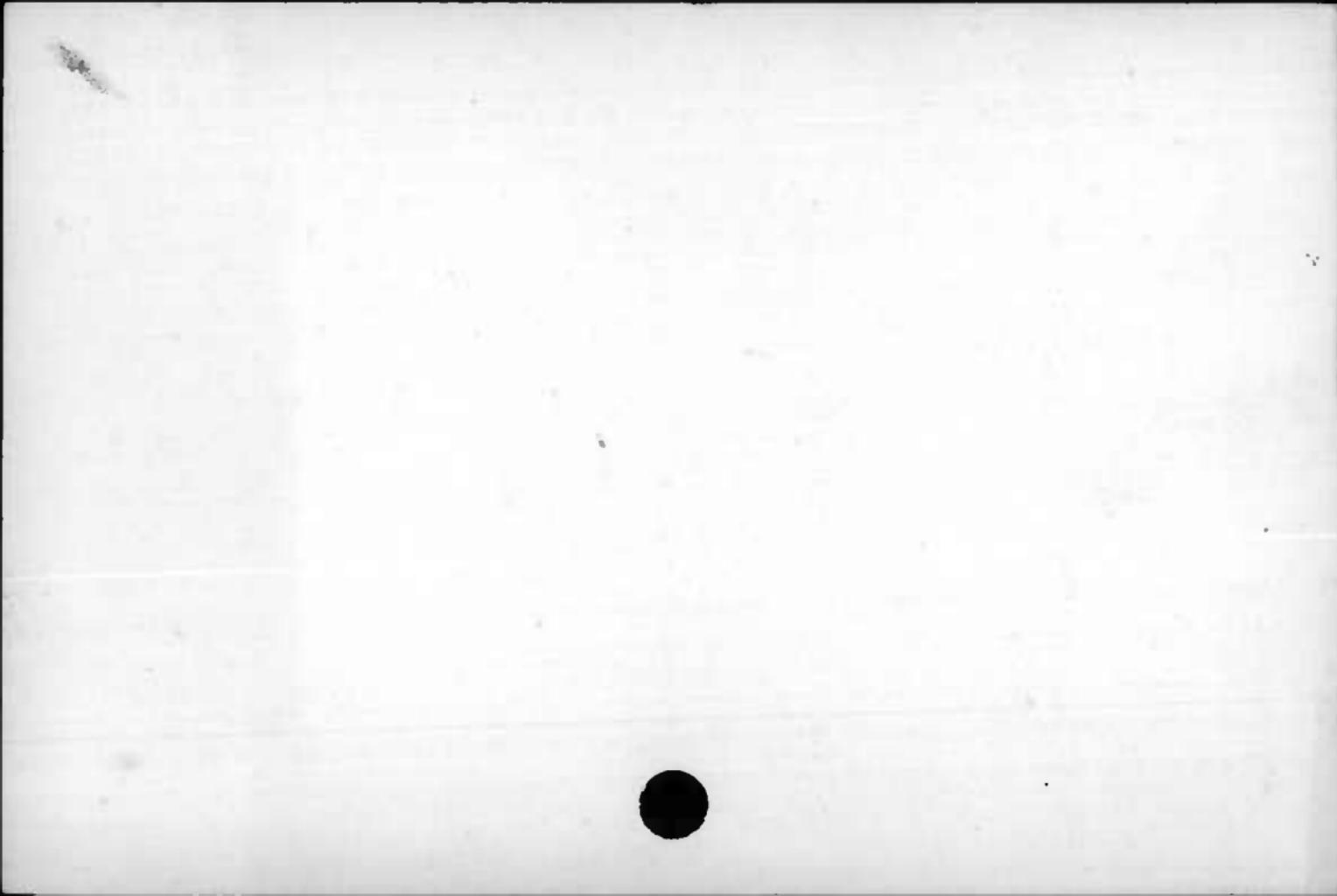
Signature of Physician

Codwick

Address

Berlin
Md.

Accident or Suicide?



Name
in
Full

Samuel Ridings

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Berlin	Worcester				
Date of death	Month	Day	Years	Months	Days
1907	July	23	37		
Sex	Color or Race	Age	Where Residing if not at place of death	Birth-place	Death-place
Male	White	37	Ridings	Berlin	Berlin
Occupation	Engineer				
Married, Single or Widowed	Name of Wife or Husband	Ridings Mc Gregor			
Married	Ridings	Ridings Mc Gregor			
Father's Name	Frederick Ridings				
Mother's Maiden Name	Lily Anna				
Name of person giving information	E. W. Ridings				

CAUSES OF DEATH

120

Primary Bright's disease
How long Several Years
Immediate aggravated by alcohol
How long

PHYSICIAN
OR CORONER

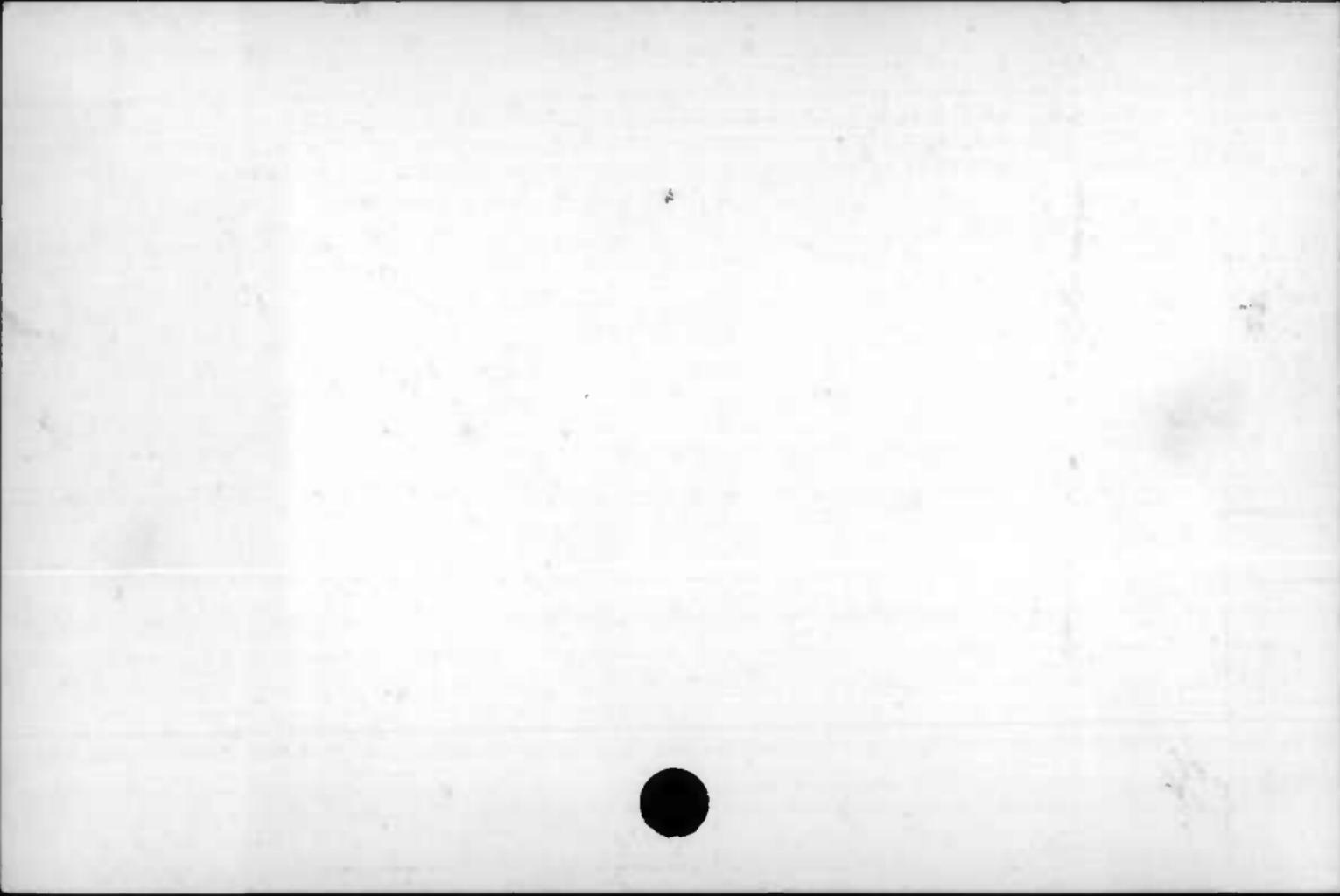
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes

Edwin J. Dirickson
Address
Berlin

Accident or Suicide?



Name
in
Full

Laura Showell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month July	Day 25	Years 2	Months	Days
Sex Female	Color or Race Blk	Birth-place End			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband Daniel Showell	Father's Birthplace End			
Father's Name	Mother's Maiden Name Julia	Mother's Birthplace End			
Name of person giving information Handy Showell	How related to deceased Cousin				

CAUSES OF DEATH

⑧

How long

PHYSICIAN
OR CORONER

Primary

Whooping Cough

Immediate

Inflamm'd.

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

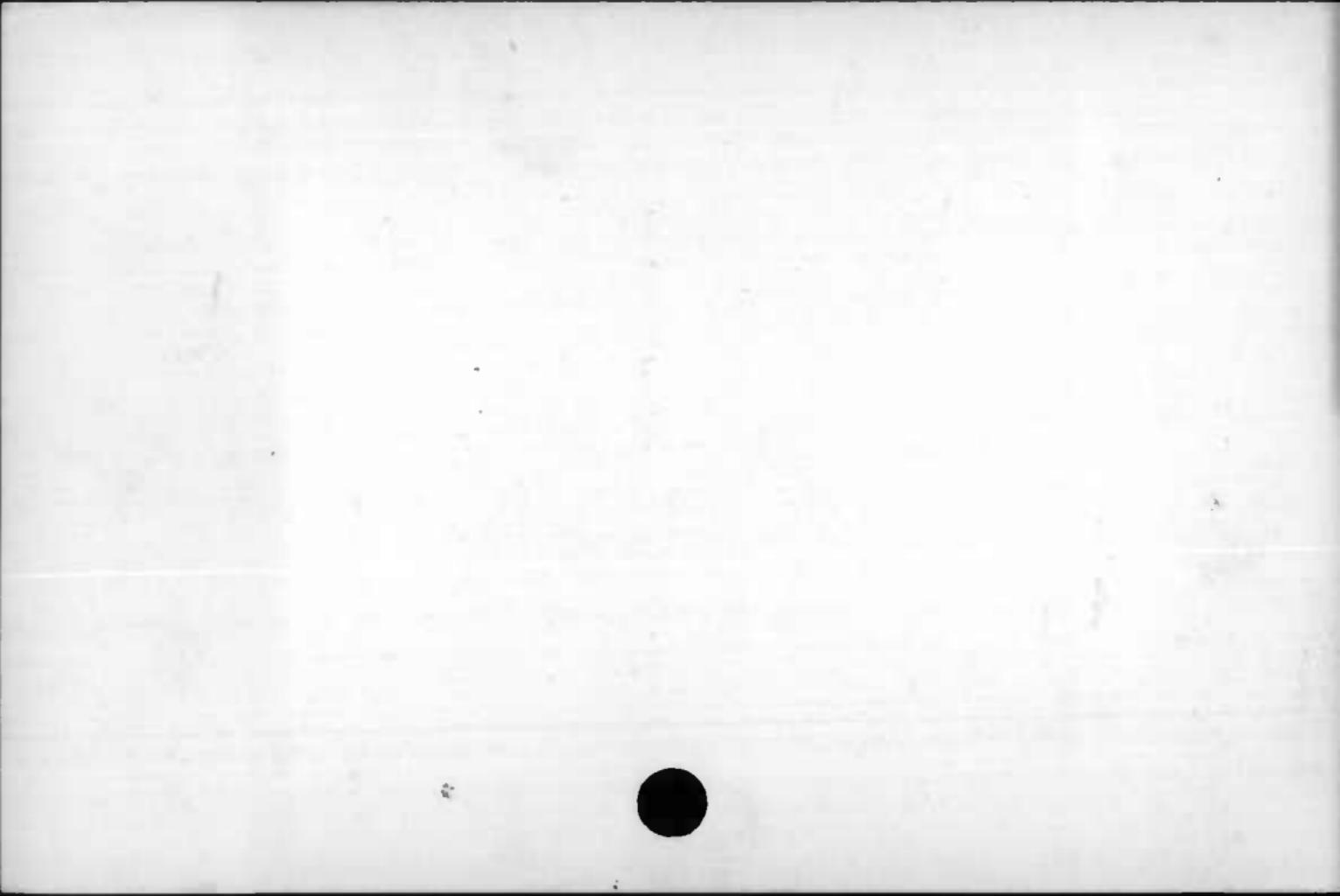
yes

Signature of Physician

Address

Eb Hollan
P. Beale
Mo.

Accident or Suicide



Name
in
Full

Ella Slingsby

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Pocomoke City	County	Worcester		
Date of death	Month	Day	Years	Age	Months	Days
1907	7	22	one	one	11	24
Sex	Color or Race	female	Negro	Birth-place	near Pocomoke	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Alexander Slingsby					
Mother's Maiden Name	Francis Aggett					
Name of person giving information	Francis Aggett					

CAUSES OF DEATH

(105)

PHYSICIAN
OR CORONER

Primary

Cholera infantum

Immediate

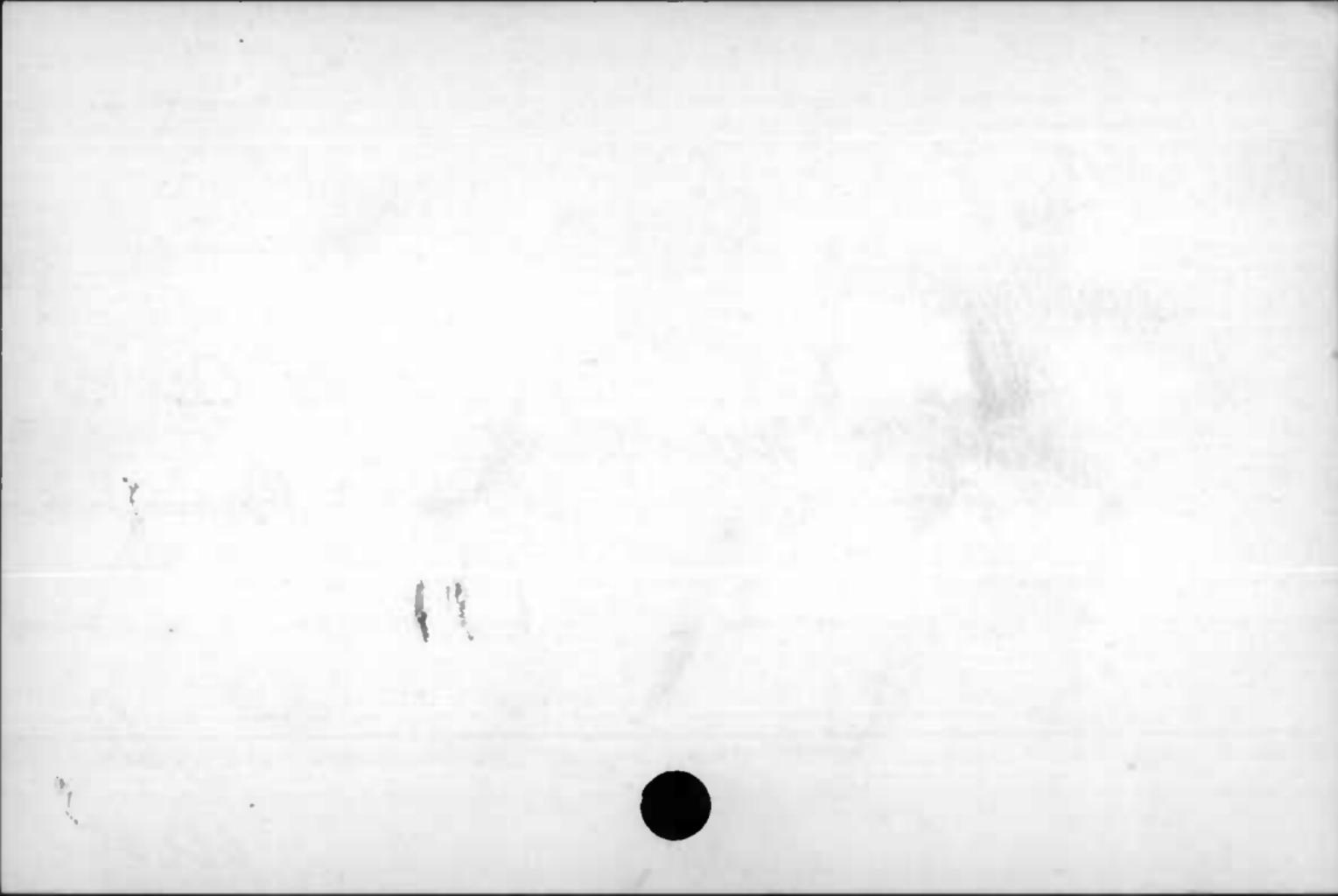
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D. O. Smith
Pocomoke City

Accident or Suicide?



Name
In
Full

Ebe Smack

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Berlin	Town	County	MARYLAND		
Date of death	1907	Month	Day	Years	Months	Days
Sex	male	Color or Race	Black	Birth-place	Maryland	
Occupation				Where Residing if not at place of death	Theater Lueck	
Married, Single or Widowed				Name of Wife or Husband	Father's Birthplace	Maryland
Father's Name	Ebe Smack			Mother's Birthplace		
Mother's Maiden Name	Theodor Spence			Maryland		
Name of person giving information	Charles Spence			How related to deceased	uncle	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Influenza

10

How long

about a week

Immediate

Pneumonia

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

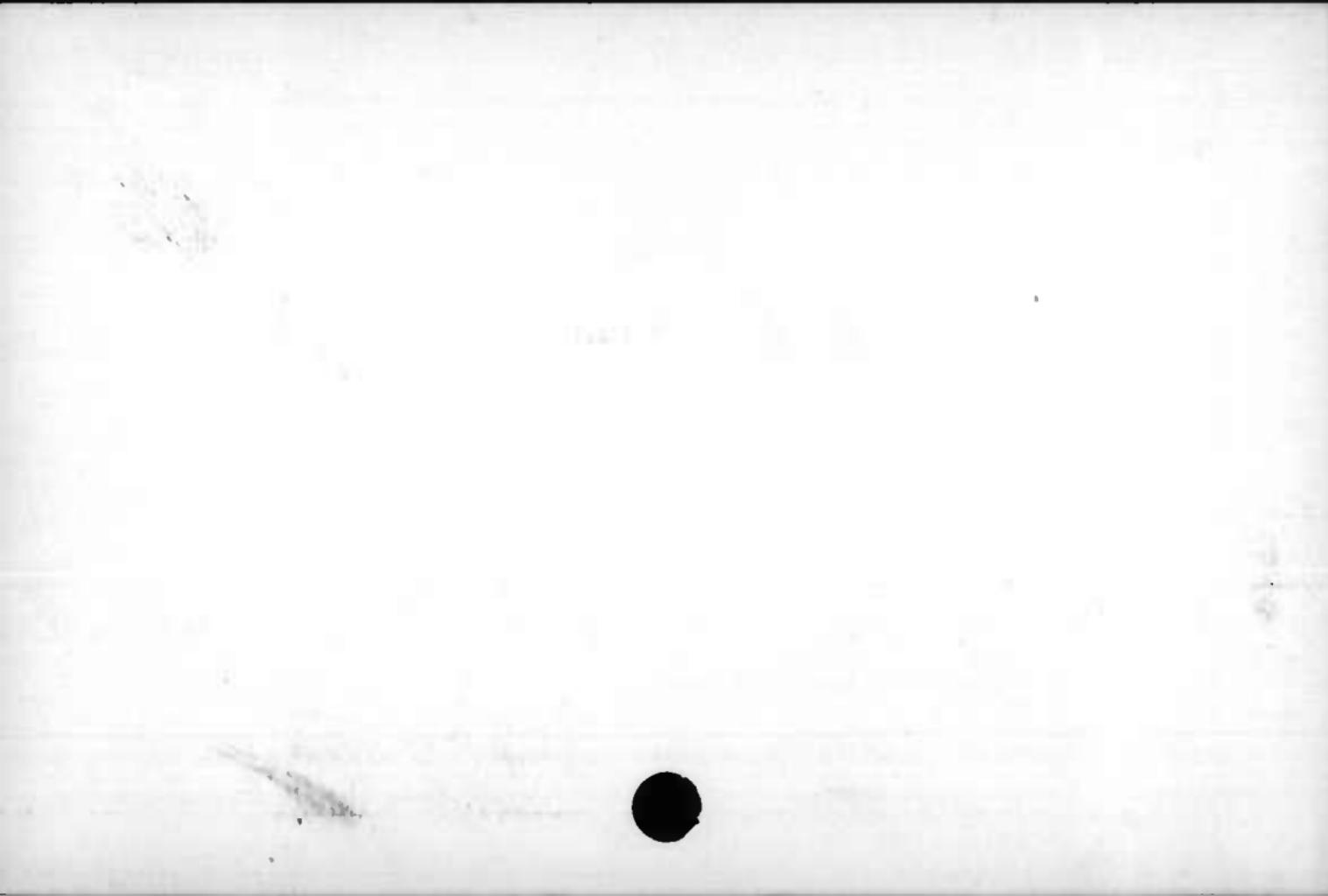
Yes

Signature of Physician

Address

Grover Pitt,
Berlin, Md.

Accident or Suicide?



Name
in
Full

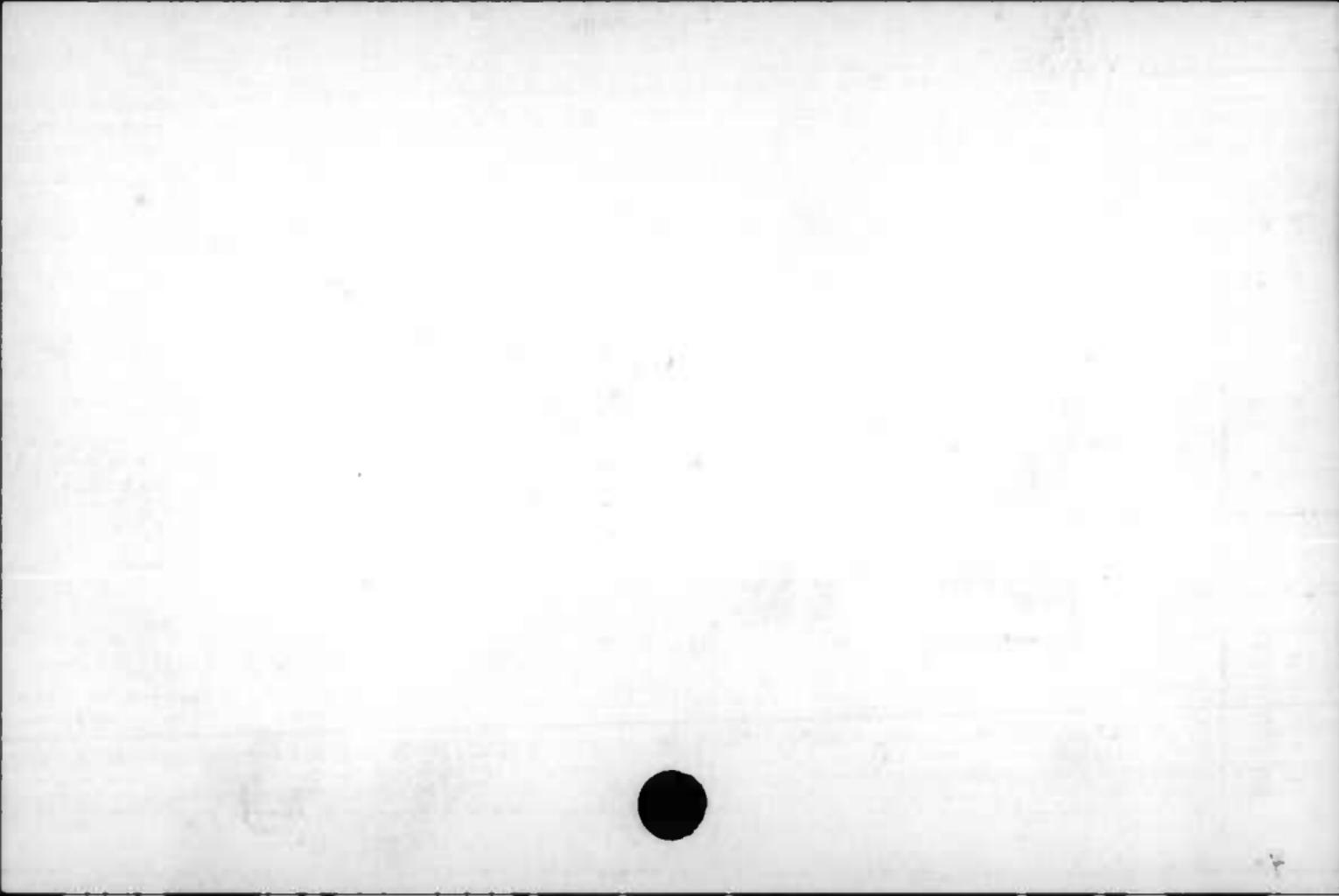
Isaac Smach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Annie Rayed			
Father's Name	William Smach			Father's Birthplace	Maryland
Mother's Maiden Name	unspocow			Mother's Birthplace	Maryland
Name of person giving Information	Elay Purwell			How related to deceased	mr
CAUSES OF DEATH					
Primary	Pulmonary Tuberculosis			27	How long
Immediate	I had had been			2 years	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Signature	
you			Address	Baltimore	
Accident or Suicide?				Md	



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

C. Taltor					CERTIFICATE OF DEATH	
Died at	Primer the City	Town	Amherst	County	MARYLAND	
Date of death 1907	Month 7	Day 3	Years ✓	Months ✓	Days ✓	
Sex female	Color or Race white	Age ✓	Birth-place Md			
Occupation ✓	Where Residing if not place of death ✓					
Married, Single or Widowed ✓	Name of Wife or Husband ✓		Father's Birthplace N.C			
Father's Name Rufus H. Taltor ✓	Mother's Birthplace N.C					
Mother's Maiden Name Addie Davis ✓	How related to deceased Father					
Name of person giving information Rufus H. Taltor	How long 15-1					

CAUSES OF DEATH

Primary

Pneumonia Bright

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

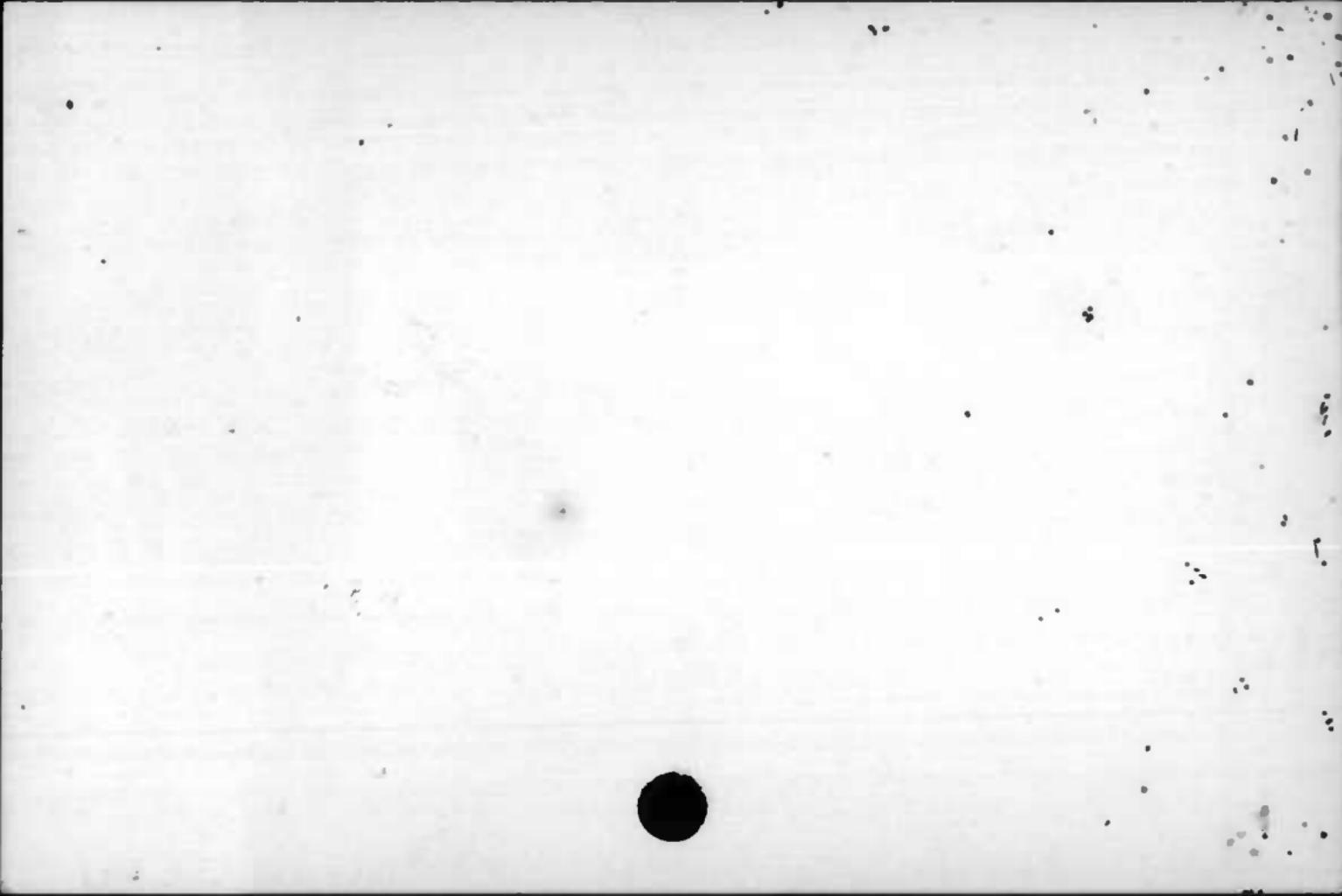
yes

Signature of Physician

Address

William
Forensoke Lucy

Accident or Suicide? ✓



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Taylor		County	MARYLAND	
Date of death	Month	1907	Day	19	Years	—
Sex	Female	Color or Race	Black	Birth-place	—	Days
Occupation	Where Residing if not at place of death					md
Married, Single Widowed	Name of Wife or Husband					
Father's Name	Frank Taylor		Father's Birthplace		Ond	
Mother's Maiden Name	Simon Marshall		Mother's Birthplace		2nd	
Name of person giving information	Frank Marshall		How related to deceased		Grandfather	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

179

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

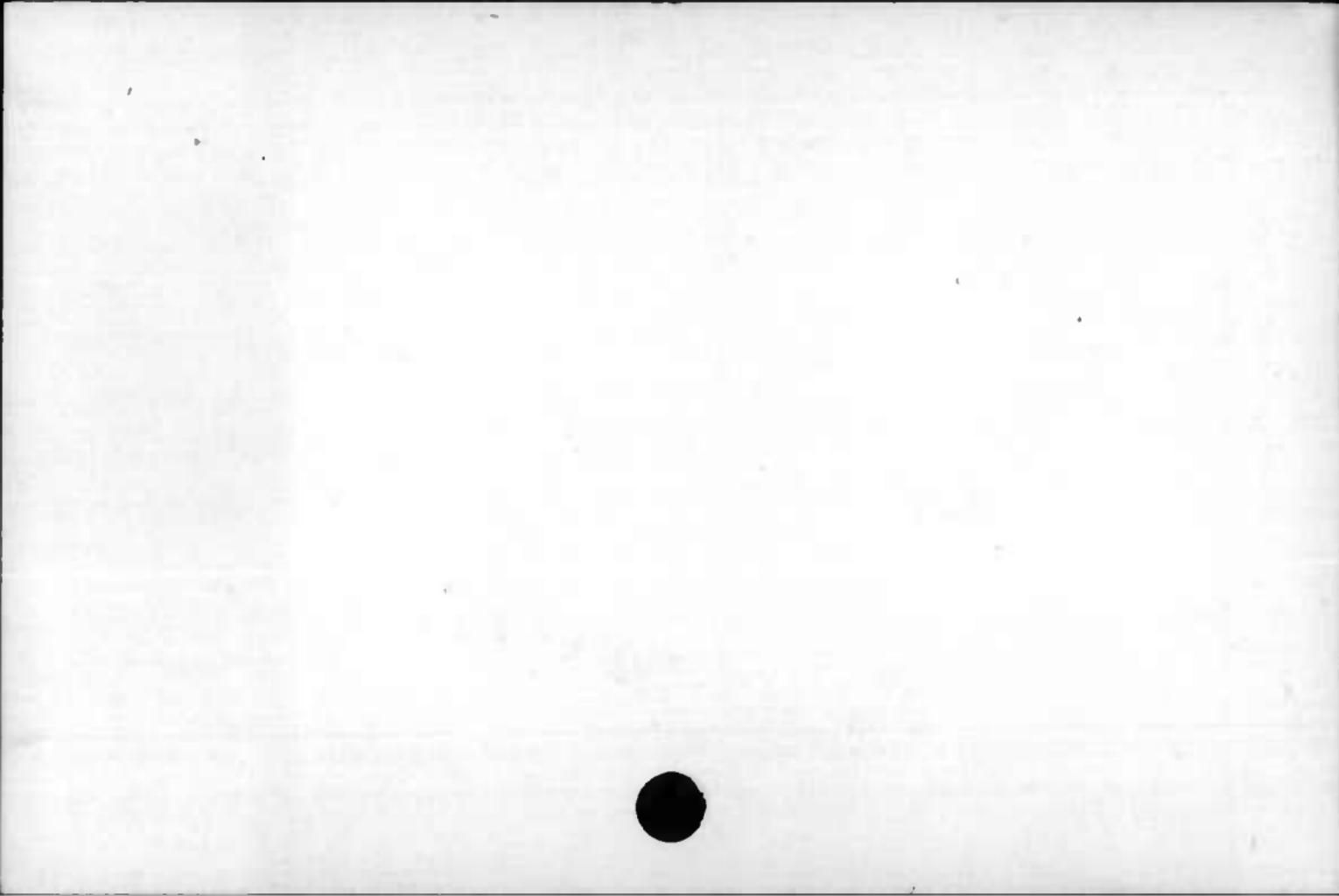
Heart failure
yes

Signature of Physician

Address

W. O. Purple, Jr.
Taylor
Stockton
md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Mary Timmons

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	James Timmons			
Father's Name	Benjamin Tyler	Father's Birthplace Maryland			
Mother's Maiden Name	Olive May Riss	Mother's Birthplace Maryland			
Name of person giving information	John S Timmons	How related to deceased Son			

CAUSES OF DEATH.

PHYSICIAN
OR CORONER

Primary	no	Da	179	How long	Old age
Immediate	No	Da		How long	Old age
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician		Address	D. A. Massey, O.S.E. 513 1/2 St.
Accident or Suicide?	No				
No one in attendance					

6 of Evans
modestath.

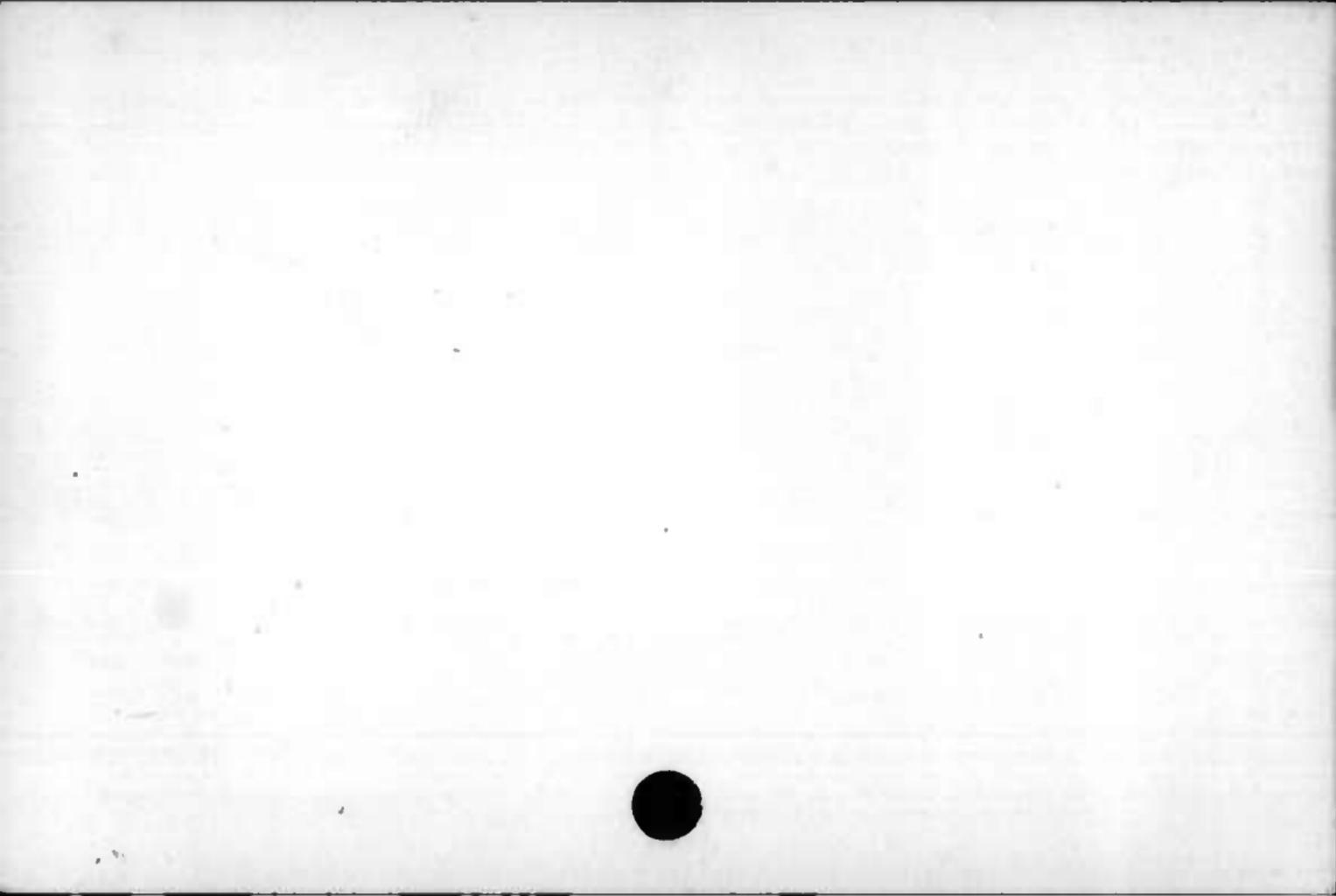
Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

Edwin Townsend			CERTIFICATE OF DEATH		
Sex	Town	County	MARYLAND		
Died at	Worchester	Worchester			
Date of death	Month	Day	Years	Months	Days
1907	July	26	5	11	—
Age	Color or Race	Birth-place			
Sex	White	Brock			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Ernest H. Townsend				
Mother's Maiden Name	Sadie Dr. Burtinghouse				
Name of person giving information	W P Pope				

CAUSES OF DEATH					
Primary	Diarrhoea	105	How long	Don't know	
Immediate	Stomatitis		How long	Don't know	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	No Physician, but have made investigation & found O. 10	
yrs			Address	Paul L. Jones	
Accident or Suicide?					

PHYSICIAN
OR CORONER



Name

in
Full

Sunday King White

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>Gloucester</u>		County <u>Maryland</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>6</u>	Years <u>27</u>	Months <u>4 mrs</u>	Days <u>0</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Salisbury Md.</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Sunday King White</u>				
Mother's Maiden Name	<u>Iris Gold</u>				
Name of person giving information	<u>Sunday King White</u>				
Father's Birthplace	<u>Whitman Md</u>				
Mother's Birthplace	<u>Hollister Mr</u>				
How related to deceased	<u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

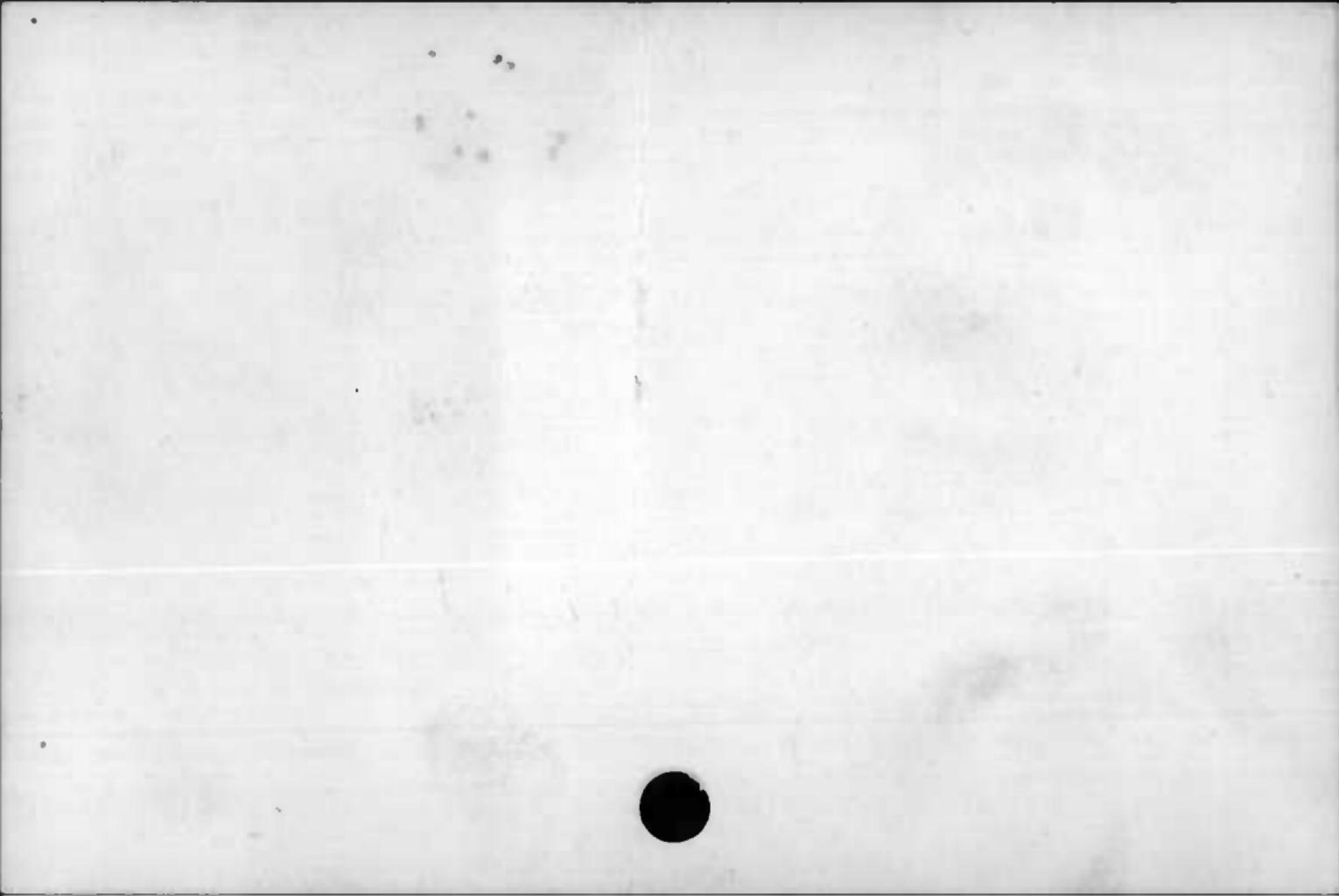
Primary <u>Heart</u>	<u>105</u>	How long <u>Two weeks</u>
Immediate <u>collapse</u>		How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Susan D White

CERTIFICATE OF DEATH

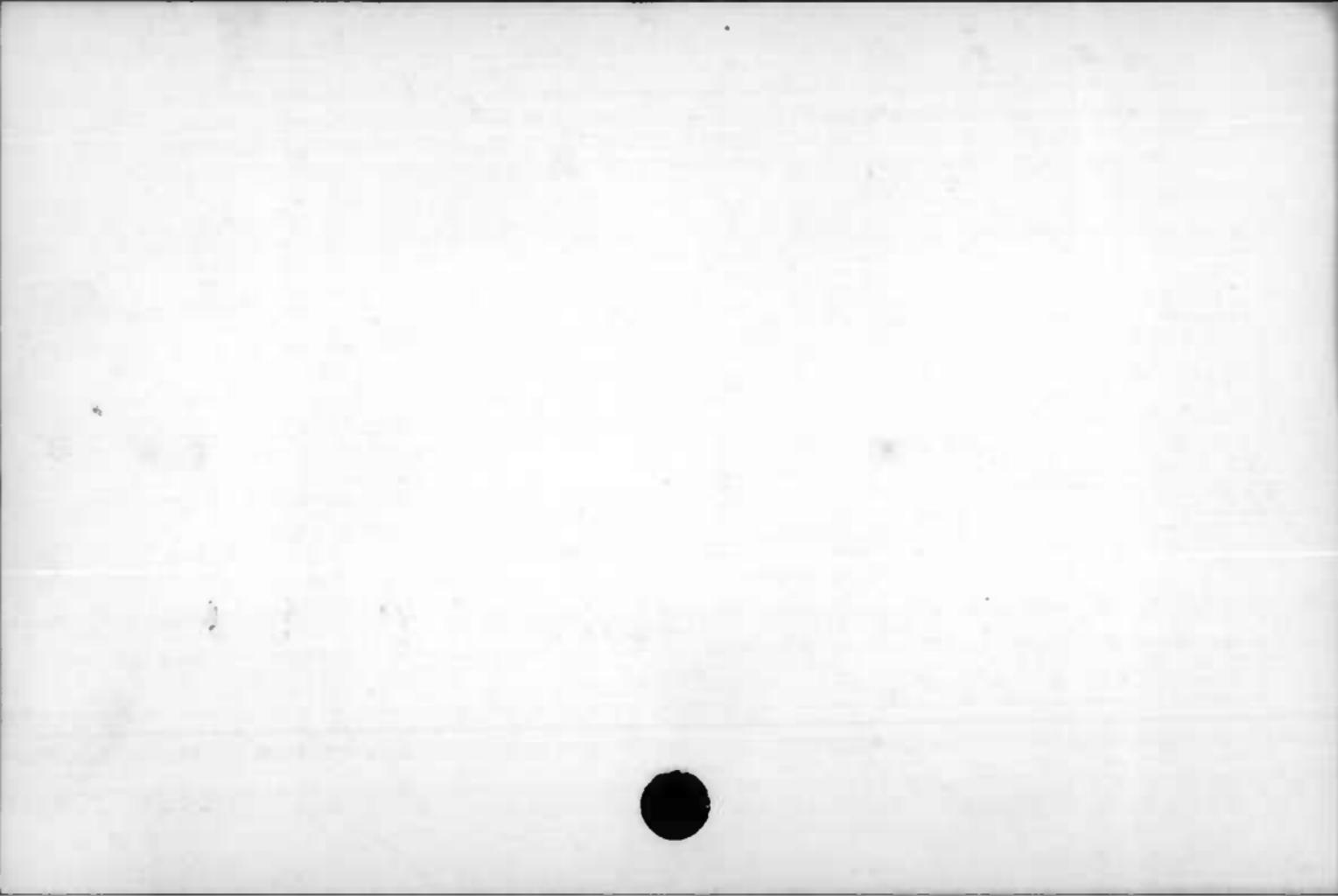
To BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND		
Died at <u>Reedsville</u>	<u>Worcester</u>					
Date of death <u>1907</u>	Month <u>July</u>	Day <u>12</u>	Years <u>82</u>	Months <u>6</u>	Days <u>23</u>	
Sex <u>Female</u>	Color or Race <u>white</u>	Birthplace <u>Wor. Co., Md</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Hop R.R. S. White</u>					
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband <u>Hop R.R. S. White</u>					
Father's Name <u>Stephen M. Mills</u>	Father's Birthplace <u>Wor. Co. Md</u>					
Mother's Maiden Name <u>Eleanora Evans</u>	Mother's Birthplace <u>" " "</u>					
Name of person giving information <u>Eleanora Mills Evans</u>	How related to deceased <u>daughter</u>					
CAUSES OF DEATH						
Primary	<u>Paralysis. Fractured thigh</u>					
	<u>Gradual decline</u>					
Immediate	<u>Gradual decline</u>					
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	<u>Susan D. White</u>		
			Address	<u>Reedsville Rd.</u>		

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide? Fracture accident



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Mary F. Whilington

CERTIFICATE OF DEATH

Died at <u>New Arkletton</u> Town		County <u>Worcester</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>28</u>	Age <u>32</u>	Years	Months Days
Sex <u>Female</u>	Color or Race <u>colored</u>	Birth-place <u>Clay Grange, Md.</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Joseph Whilington</u>	Father's Name <u>Isaac Beekets</u>	Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Hesby Stevenson</u>	Mother's Birthplace <u>Md.</u>	Brother <u>Chas Beekets</u>	How related to deceased <u>Brother</u>		
Name of person giving information					

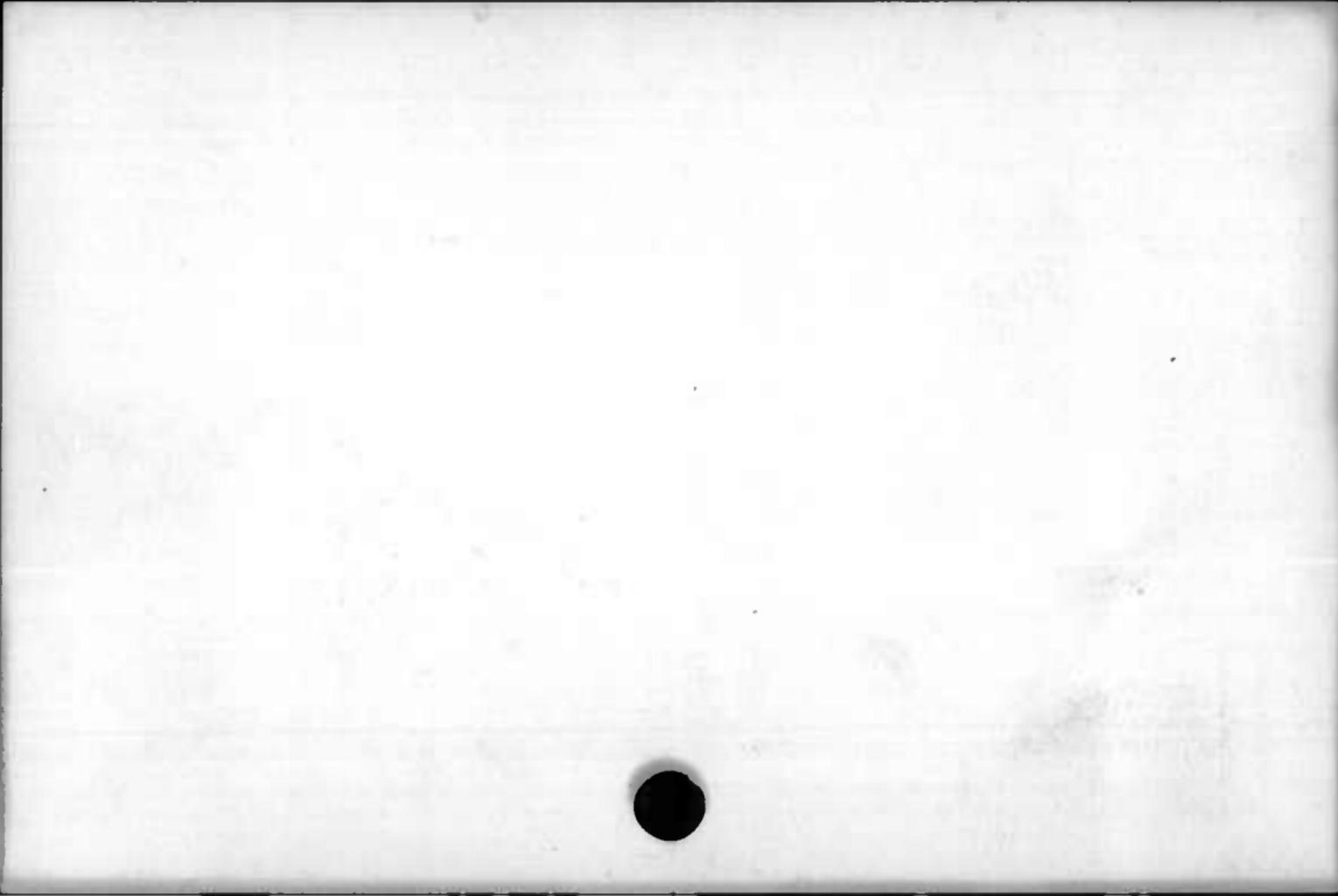
CAUSES OF DEATH

93

How long

PHYSICIAN
OR CORONER

Primary <u>Labor Pneumonia</u>	How long <u>12 days</u>
Immediate <u>Pulmonary embolism</u>	How long <u>8 Days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John D. Dickenson</u>
	Address <u>Stockton Worcester Co.</u>
Accident or Suicide?	



Name
in
Full

Mary D. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Berlin	County	Iwon	MARYLAND	
Date of death	Month	Day	Years	95	Months	Days
Sex	Female	Color or Race	white	Birth-place	Maryland	
Occupation	Housekeeper			Where Residing if not at place of death		
Married, Single or Widowed	Vehmell Williams			Name of Wife or Husband		
Father's Name	Lewis Holland			Father's Birthplace	Maryland	
Mother's Maiden Name	Unknown			Mother's Birthplace	in Berlin Md	
Name of person giving information	B. T. Williams			How related to deceased	Son	

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary

Drarber.

How long

1 week

Immediate

Schousteorie.

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

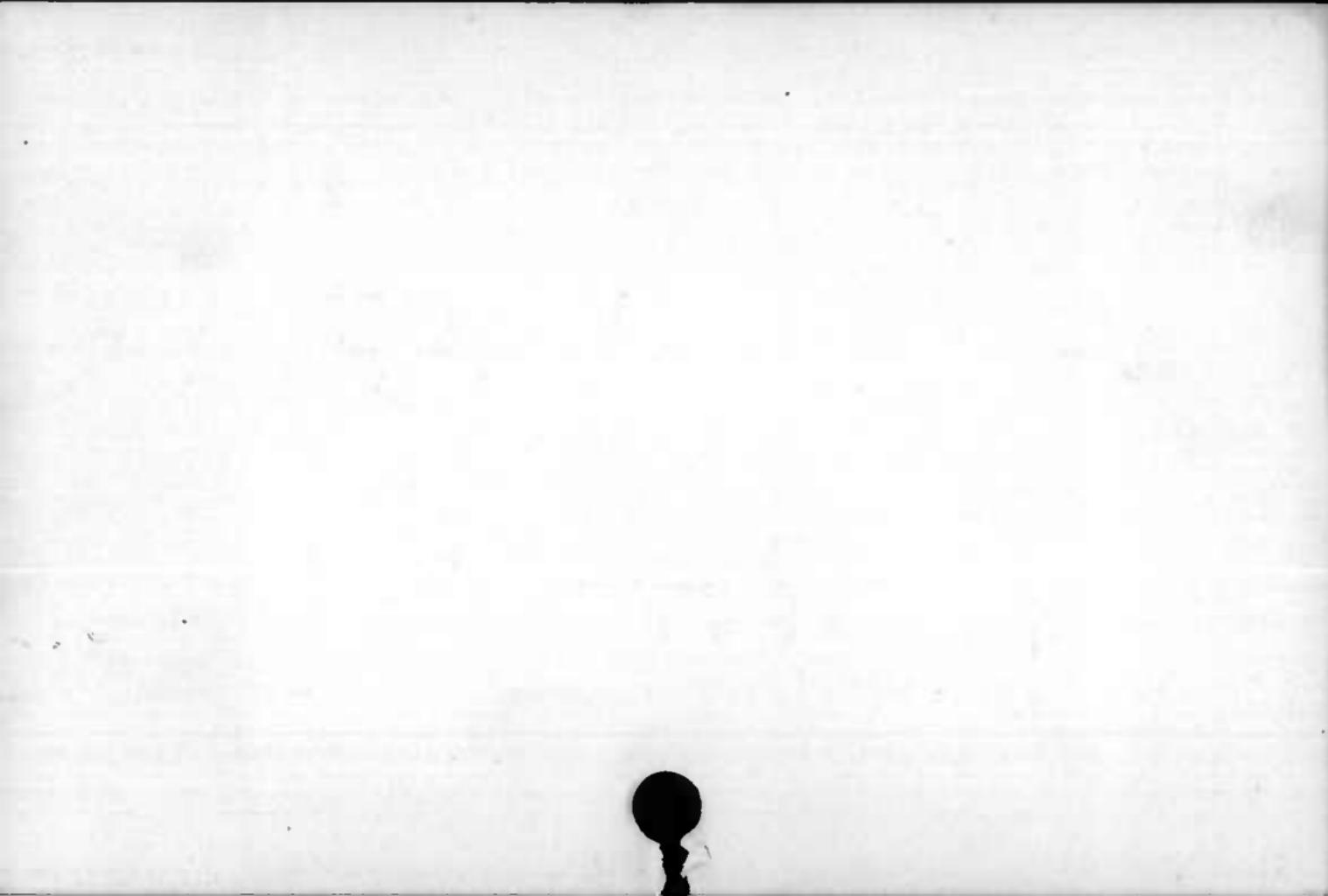
Address

js

Ebe Holland

Berlin
Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Rosie Williams

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1907	Month July	Day 1	Years Age 27	Months 3	Days 4
Sex	Female	Color or Race	White	Birth-place Near Ocean City		
Occupation	House Wife		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		Thomas J. Williams			
Father's Name	James Birch		Father's Birthplace Md.			
Mother's Maiden Name	Elizabeth, Birch		Mother's Birthplace Md.			
Name of person giving information	Joseph Williams		How related to deceased Husband Bro.			
CAUSES OF DEATH						
Primary	Pulmonary Tuberculosis		How long 1 year			
Immediate	Heart Failure		How long 1 hour			
Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician C. A. Holland Dr.		
			Address Whaleyville Md.			
Accident or Suicide?						

27

1 year

1 hour

C. A. Holland Dr.
Whaleyville
Md.

She was buried at Powell
grave yard,